

USACHPPM TODAY

Volume 6, No. 3

July 1999

A U.S. Army Center for Health Promotion and Preventive Medicine News Bulletin



1LT Mouw (forefront) is shown with two soldiers from the Guatemala Army digging a soakage pit in San Marcos.

In this issue...

Joint Task Force San Marcos, Guatemala

USACHPPM TODAY

July 1999
Volume 6, No. 3

LET US KNOW

USACHPPM TODAY is published by the Public Affairs Office, U.S. Army Center for Health Promotion and Preventive Medicine. It is published quarterly and will keep you up-to-date on technical trends and what is happening at USACHPPM. Please make copies for you own contacts. If you were not mailed a personal copy and you want to be on the mailing list, have comments or questions concerning USACHPPM or any of its services, or wish to obtain any of the educational materials we have available, please contact us.


We receive many calls and comments from our readers on what they read - and what they would like to read. To those of you who have responded, "Thank You." Your input is important to us. To the rest of our readers, we would like to say "Let Us Know!" If you have specific questions or if there are any topics you would like to see covered, write or call us at:

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FORCE HEALTH PROTECTION TODAY

You may hear the term Force Health Protection (FHP) used extensively these days. While the term is often used generically or loosely, it is incumbent on all military prevention practitioners to understand and be able to assist commanders in implementing FHP. This article discusses the elements of the current military FHP system.

The idea of FHP is not new. Wise commanders and command surgeons have been cognizant of its benefits for millennia. Dr. Jonathan Letterman, Medical Director, Army of the Potomac, was best known for his operational and administrative contributions such as his system of field hospitals and his reorganization of medical services. But in his mind, the *leading idea* was prevention. In 1866 he wrote:

"A corps of Medical officers was not established solely for the purpose of attending the wounded and sick; the proper treatment of these sufferers is certainly a matter of very great importance, and is an imperative duty, but the labors of Medical officers cover a more extended field. The leading idea, which should be constantly kept in view, is to strengthen the hands of the Commanding General by keeping his army in the most vigorous health, thus rendering it, in the highest degree, efficient for enduring fatigue and privation, and for fighting."

British Lieutenant General Sir William Slim, commander of the British 14th Army in the China-Burma-India theater of WWII, is one of the true heroes of preventive medicine. Slim recognized the central truth that the commander is responsible for the health of his command, with the medical officer as the primary advisor. His classic statement on this topic bears repeating:

"Good doctors are no use without good discipline. More than half the battle against disease is fought, not by the doctors, but by the regimental officers."

In the wake of the Persian Gulf War, with increased interest on exposures and health outcomes on deployments, and given new automation capabilities, the services jointly developed a comprehensive, automated, FHP system. The system is designed to foresee health threats, implement personal and collective protective measures, manage environmen-

tal and medical surveillance, and accurately track exposures and health events throughout a service member's lifetime. Various elements include: automated health records, garrison and deployment medical surveillance, tracking of health events throughout a service member's career, working prevention into clinical encounters, pre- and post-deployment appraisals, immunization tracking, reportable disease tracking, serum collection and central storage, unit and personnel tracking by location, and environmental monitoring and information tracking.

Several documents are available or forthcoming to describe the FHP system; these can be helpful in disseminating the FHP message. The Joint Staff will soon issue a FHP capstone document. The document, due later this summer, eloquently describes FHP strategy in general terms. DODD 6490.2, 30 August 1997, is entitled "Joint Medical Surveillance." DODI 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployments," dated 7 August 1997, implements the policy, prescribes procedures, and assigns responsibilities for deployment surveillance. On 6 October 1998, the ASD-HA issued a policy memo entitled "Policy for Pre- and Post-Deployment Health Assessments and Blood Samples." On 4 December 1998, the Joint Staff issued a comprehensive memo, "Deployment Health Surveillance and Readiness." This memo, intended for operational use, clearly and specifically delineates elements of and responsibilities for deployment surveillance. Everyone dealing with operational prevention should read and become familiar with this document.

We know that DNBI prevention is a command responsibility, with medical assistance. But due to complacency, or in the press of deployment, our line colleagues sometimes forget this message, viewing PM as a 'medical issue'. PM professionals should be proactive and at times outspoken on PM issues—especially when errors are being committed. It took courage for John Snow to remove the handle from the Broad Street pump when the people needed water, but it was the right thing to do. (Editor's Note: This article was prepared jointly by LTC Benjamin G. Withers, PM Staff Officer, OTSG; and Coleen Weese, M.D., Directorate of Clinical Preventive Medicine, USACHPPM.)

GENERAL SCULLEY RECEIVES SECOND STAR

Twenty-six years after pinning on captain's bars as a new Army dentist, Dr. Patrick D. Sculley received his second star on May 27th, as the Army's Deputy Surgeon General.

In addition to the number-two position within the Army Medical Department, the new major general will also serve as Chief of the Army Dental Corps and Chief of Staff of the U.S. Army Medical Command. Sculley previously served as Commander, USACHPPM.

Sculley, 51, is a Diplomate of the American Board of Oral Medicine, the American Board of General Dentistry, the Federal Services Board of General Dentistry and the American College of Healthcare Executives. He also possesses a master's degree in Health Services Management.

The Jamestown, N.Y., native graduated from Washington and Jefferson College in 1969 and received a doctorate in dental surgery from State University of New York at Buffalo. He entered the Army in 1973 and completed his general practice residency a year later at Fort Meade, Md., and finished his general dentistry residency at Fort Knox, Ky., in 1979.

The new two-star general has served more than a third of his career in command positions beginning with the 576th Medical Detachment in Bad Kreuznach, Germany, from 1982-1985. He commanded the Fort Bragg, N.C., Army Dental Activity for three years before assuming command of the U.S. Army Dental Command (Provisional) at



Fort Sam Houston, Texas, in 1993. In October of 1994, Sculley became the first commander of the U.S. Army Dental Command, a position he held until being named commander of USACHPPM in 1996.

Sculley, who played minor-league professional football prior to entering service, is a four-time recipient of the Legion of Merit, a holder of the Meritorious Service Medal with oak-leaf cluster, and the Joint Services Commendation Medal, among his many awards and decorations.

Sculley and his wife Peggy have four children: Patricia, Paul, Perry and Peter; two daughters-in-law, Rebekah Bearden Sculley and Sharon Lee Sculley; and one granddaughter, Kirsten. (POC: Mr. Sonntag, MEDCOM PAO.)

Inside CHPPM

SIMMONS ACCEPTS CHPPM COMMAND

COL Dennis Fringeli passed command responsibility for CHPPM to BG Bettye Simmons on April 22. Simmons is the third general officer to command the center since its redesignation on August 1, 1994.

The ceremony was held at the Edgewood Area's McBride Parade Field and featured the 389th Army Band.

Army Surgeon General LTG Ronald Blanck, commander of the U.S. Army Medical Command, hosted the ceremony. He thanked Fringeli, who had served as interim commander for the past four months, saying Fringeli had "exceeded his demand in every respect and moved the organization forward."

He then congratulated Simmons on her new command.

"She's a proven leader who did a magnificent job as FORSCOM surgeon," he remarked.

Fringeli, who is retiring, began by recognizing his wife and thanking the officers and soldiers participating in the ceremony and the 389th Army Band.



Army Surgeon General LTG Ronald Blanck hands the guidon of USACHPPM to BG Bettye H. Simmons.



"When I took command on December 1 from BG (Patrick D.) Sculley, I knew it was going to be for a short period of time" he said. "General Blanck, I want to thank you for giving me one last opportunity to be all that I can be by entrusting me with this command.

"As I stated when I took command, if I am to be successful it will be because of our work force comprising military, civilians, and professional associates," he said. "My leadership style is to always hold to the principle to trust the people. I put the people first and they saw to it that we accomplished the mission."

"We are not what I consider a 'Hooah' organization, but more of a 'Dooah' organization. We are committed to our vision of being a worldclass center of excellence for achieving and maintaining a fit, healthy, and ready force," he said. "It is the people here that make a difference to the Army and our nation. I want to say to them today, you made it a real honor to be your commander."

He also introduced Simmons and asked "that you give your support to her in meeting the challenges ahead and doing what we do best, which is protecting our soldiers from recognized health threats in order for them to perform their missions."

Simmons is a native of San Antonio, Texas. She received a bachelor's degree in nursing from Incarnate Word College and a master's degree in nursing from the University

of Texas. She entered active duty in 1971 through the Army Student Nurse Program. She is a graduate of the Command and General Staff College and the Army War College.

She was appointed chief, Army Nurse Corps in December 1994 and still retains the position. Her last assignment was command surgeon, U.S. Army Forces Command. Previous assignments include deputy installation commander for Fort Sam Houston, Texas; deputy commander, U.S. Army Medical Department Center and School; chief nurse, Army Medical Command, and designated consultant to the Surgeon General for Nursing Administration.

"It is my privilege to have the opportunity to lead THE organization that has the AMEDD (Army Medical Department) lead on revitalizing environmental and occupational health and evolving health promotion and preventive medicine within our Army," she said.

"My closing thought is to ask you to remember the soldiers, sailors, airmen, marines and civilian personnel deployed around the world in support of our great nation and ask that you say a special prayer that God's power will protect them and his presence watch over them," she said.

Deputy for Technical Services

KNOWLEDGE AT WORK

By: Mr. Stephen L. Kistner



As we move into the 21st Century, USACHPPM realizes it is essential for us to recognize the value of “knowledge” and to strive for better management of knowledge assets. To this end, we have begun developing strategies and prototypes to implement knowledge management throughout the organization.

Knowledge management is the “systematic management, use, and reuse of information, experience, and expertise to achieve a specific business benefit, goal, or objective”. It addresses the broad processes of locating, organizing, transferring, and more efficiently using information and expertise within an organization. Effective knowledge management requires creating a supportive, collaborative culture that allows and encourages employees to share their knowledge with others. By managing knowledge, we can save time and money while increasing our efficiency and effectiveness to our customers.

USACHPPM’s plan for knowledge management addresses both content and collaboration strategies. Under content, we will be assessing knowledge sources (information and data), targets (the who and when), policy and flow. Document management applications and data warehouses will be examined to determine the best methods to provide central repositories of information. Collaboration strategies will identify and link subject matter experts, create communities of practice, and build on organizational lessons learned and best practices.

USACHPPM is currently using knowledge management with the Medical Nuclear, Biological, and Chemical (NBC) Online Repository Project. The objective of this project is to develop and demonstrate a web-based document repository system for the single-point collection and dissemination of the following information:

- Technical references (general and source information)
- Medical NBC project information and reports (USACHPPM)
- Medical NBC contact information
- Links to related web sites

The Medical NBC Online Repository will provide the latest information concerning effective Medical NBC risk assessment processes and information to combat units and Preventive Medicine professionals.

Our Document Management Division is using knowledge management by offering a link to official Army documents which include the U.S. Army Publications Agency publications,

COMPONENTS OF KNOWLEDGE MANAGEMENT



and official Army publication sites for retrieval of such documents as Army Regulations, Department of the Army Pamphlets, Technical Bulletins, Medical, DOD and DA forms, Field Manuals, Technical Manuals, etc. This information can be accessed through the Document Management Division Home Page.

The Environmental Health Risk Assessment and Risk Communication Program also offers a link to services through their Home Page. By accessing the Chemical Warfare Agents and Associated Health Guidelines Home Page, you will retrieve a list of documents, links to other agencies dealing with chemical warfare agents, and a chemical warfare agents glossary.

These are just a few examples of how USACHPPM is beginning its use of knowledge management. One of our knowledge management initiatives is to take these individual databases and combine all information to develop a "digital dashboard" which will provide

immediate access to information relative to our mission, vision, customers, calendar/activities, personnel, search services, and organizational publications. In this way, we would have one portal into an array of data that will be systematically accessible to those wanting detailed information. By developing a daily "USACHPPM Knowledge Today" web site, as shown on the next page, we will combine our institutional data with our employee's knowledge and experience to create a repository of organizational memory.

As global and competitive pressures continue to increase, we must work harder than ever to maintain a well-informed workforce and boost productivity. By creating a comprehensive, easily accessible organizational memory, knowledge management will ensure USACHPPM meets the challenges of the future.

USACHPPM KNOWLEDGE TODAY

Today is Friday, July 9, 1999 9:38:15 AM

Calendar

CHPPM
Training

Discussion
Groups

Personnel

National/
International
Events

Chat
Rooms

Special
Skills

Customers

Lessons
Learned

Workgroups/
Teams/Boards

Regulations/
Technical Guides/
Reports

BRIEFING FOR SECRETARY OF THE ARMY



(l to r) Mr. Resta briefs Rep. Ehrich, Senator Sarbanes, and Secretary Caldera

Secretary of the Army Louis Caldera; Senator Paul S. Sarbanes (D-2nd District); MG John C. Doesburg, Commander, APG; and Rep. Robert L. Ehrich Jr. (R-2nd District) visited APG on 19 April. The visit was an effort to show Secretary Caldera that APG is not an Army installation where any of the civilian work force or tenants should be cut.

Mr. John J. Resta, Program Manager, Deployment Environmental Surveillance, provided a briefing on current deployment environmental surveillance efforts within the Army.

USACHPPM displayed unclassified Geographical Information System projects of oil well fire exposures and troop tracking during Operation Desert Storm, ambient air quality and industrial hazard predictions during Operation Joint Endeavor, and environmental and industrial hazard planning overlays for Operation Allied Force. Mr. Resta discussed the linkages between deployment environmental health surveillance and other efforts within the chemical/biological defense programs. (POC: Ms. Evelyn B. Riley, DSN 584-2088)

USACHPPM Personnel

HAMMER AWARD



(l to r) Ms. Anna Dorshaw, Vice President National Partnership for Re-Inventing Government; Mr. David P. Alberth; and Mr. Gary Vest

Mr. David P. Alberth, Health Physicist and Master Consultant, Medical, Industrial and Environmental Health Physics Program, received the Hammer Award from Vice President Gore's National Partnership for Reinventing Government. The Hammer Award is presented to teams of Federal employees who have made significant contributions in support of reinventing government principles. Alberth received a certificate and a Hammer Award lapel pin as the Army's representative to the Multi-Agency Radiation Survey and Site Investigation Manual (MARSSIM) Workgroup on April 16. The ceremony was held at the U.S. Environmental Protection Agency (EPA), Washington D.C.

Mr. Gary Vest, Principal Assistant Deputy Under Secretary of Defense, also presented certificates and pins to other DOD MARSSIM Workgroup representatives from the Air Force and the Navy. Senior Management of the EPA, the U.S. Nuclear Regulatory Commission (NRC), and the U.S. Department of Energy (DOE) presented certificates and pins to MARSSIM Workgroup representatives of their respective Federal Agencies and to a representative of the State of Florida. Agency contractors, who supported the work of the MARSSIM Workgroup, were also recognized. These included the Oak Ridge National Laboratory, the Oak Ridge Institute for Sci-

ence and Education, and Sanford Cohen and Associates.

Vest, on behalf of the DOD, accepted Hammer Award plaques for each of the military services. Alberth, in turn, received the Hammer Award plaque for the Army that will be displayed in the USACHPPM headquarters.

Several Federal agencies share regulatory and other responsibilities over the cleanup of radioactively contaminated sites. In the past, each agency developed its own guidance document for the process used to demonstrate compliance to regulators that sites were clean. Also, such existing documents were in need of revision. The MARSSIM Workgroup developed a single, multi-agency (DOD, DOE, EPA, and NRC) document to provide nationally consistent, consensus guidance for planning, conducting, evaluating, and documenting the demonstration of regulatory compliance.

During the development of the MARSSIM, the process of how the Federal government develops a document, when more than one Federal agency has cognizance over the subject matter and product, was reinvented. Secondly, the MARSSIM workgroup's product improved and streamlined the scientific and regulatory process of demonstrating whether a radiation site cleanup met regulatory compliance criteria. The workgroup's actions demonstrated real innovation in the following areas of reinvention: putting customers first, empowering employees, cutting red tape, cutting back to basics, and achieving results Americans care about.

Alberth was recognized for his support of the MARSSIM Workgroup during the past 4 years. His assistance has been invaluable. While providing his own unique technical expertise to the workgroup, Alberth ensured that the MARSSIM Workgroup addressed all Army interests and concerns.



JOSEPH LOVELL AWARD



educated soldiers, civilians, managers, and senior officials on the importance of preventive care. Taking care of people is a top priority of DOD and a key element of ensuring readiness (according to Secretary Cohen's 1999 Annual Report to the President and the Congress). I salute LTC Lopez for her inspiring commitment to military readiness and protection of all DOD employees". Mr. Bowling is Ms. Goodman's principal advisor for occupational health,

LTC Mary S. Lopez, Program Manager, Ergonomics, was the 20th recipient of the Joseph Lovell Award at a ceremony held on 16 June. She was recognized for her exceptional achievements and contributions in the field of preventive medicine, specifically in the area of ergonomics. She is cited as having the passion and scrupulous integrity that illuminates the qualities of vision, talent, and learning that we honor in Dr. Lovell.

Her vision of ergonomics as a critical preventive health tool has led to the development of innovative tools, products, and programs. As Chair of the DOD Ergonomics Working Group, this vision focused the Group's activities and led to the DOD issuing the first Federal agency policy mandate on ergonomics as part of the Occupational Health and Safety Program.

Mr. Curtis Bowling, Assistant Deputy Under Secretary of Defense, was the keynote speaker. He said, "LTC Lopez has put in place so many tools to reduce worker injuries and illnesses in support of the Secretary of Defense's goal of zero accidents, occupational illnesses, and fires. As a result, she has

safety, fire and emergency services, and overseas environmental programs.

LTC Lopez has a Ph.D. in Industrial Engineering (Human Factors/Ergonomics), Texas A&M University, College Station, TX; M.H.A., Baylor University, Fort Sam Houston, TX; B.S. in Occupational Therapy, San Jose State University, San Jose, CA. Her military awards include the Meritorious Service Medal and the Army Achievement Medal. She holds the A Proficiency Designator, the Army Medical Department's highest award for professional excellence, and is a member of the Order of Military Medical Merit. Her appointments are Chair, DOD Ergonomics Working Group; and Adjunct Assistant Professor of Preventive Medicine and Biometrics, Uniformed Services University of Health Sciences. Occupational Therapy Internship was at Walter Reed Army Medical Center; and Health Administration Residency at Brooke Army Medical Center.

Above photograph (LtoR) Mr. Curtis Bowling and LTC Mary S. Lopez.

AMERICAN INDUSTRIAL HYGIENE ASSOCIATION (AIHA) TREASURER-ELECT

The AIHA has announced the election of Ms. Donna M. Doganiero, CIH, as treasurer-elect to its Board of Directors. The announcement was made at the Business Meeting of the AIHA Conference and Exposition on 10 June.

A member of AIHA since 1980, Doganiero's involvement has included serving as member, secretary, vice-chairperson for the Social Concerns Committee; member and secretary for the Continuing Education Committee; board coordinator for the Non-Ionizing Radiation Committee, Biosafety Committee Indoor Environmental Quality Committee; and Product Health and Safety Committee. Doganiero has



also held an AIHA Board position since 1996. She has been an active member of the AIHA Chesapeake Local Section since 1983.

The AIHA founded in 1939, is the world's largest association of occupational and environmental health professionals and its members play an important role on the front line of worker health and safety. The 13,000 members come from Government, labor, industry, academia, and private business. AIHA is the most diverse professional association dedicated solely to the prevention of

workplace fatalities, injuries, and illnesses.

Doganiero is the Director, Occupational Health Sciences at USACHPPM.

AIR ASSAULT SCHOOL

LTC Sally Hoedebecke successfully completed the Senior Leaders' Course, Air Assault School at Fort Campbell, Kentucky. The course was held 8-12 May. The participants completed all the requirements for the 10-day course in just 5 days. It was a very demanding program, both

physically and mentally. Graduation was 12 May, immediately following the 12-mile road march. LTC Hoedebecke is Chief, Fitness and Nutrition, Directorate of Health Promotion and Wellness.

SECRETARY OF THE YEAR AWARD

Ms. Donna M. Pierce, a secretary in the Laboratory Sciences Directorate, was selected as USACHPPM's Secretary of the Year in a ceremony on April 21, National Professional Secretary's Day.

Her citation reads, "Ms. Pierce provided not only excellent general administrative service but also excellent technical administrative support. She input 5,562 records into the Department of Defense cholinesterase database, thereby exceeding expected completion of over 10 months... assisted other Directorate of Laboratory Sciences divisions and management boards in the areas of filing and archiving of laboratory reports and administrative support. Her efforts are timely and of highest quality."

She won a \$250 cash award, an eight-hour time off award, and a certificate of recognition.

Pierce, a secretary in the Radiologic, Classic and Clinical Chemistry Division, has been with the Government for 10 years, 4 1/2 years with USACHPPM. She lives in Port Deposit, Maryland, with her husband Rick and 6-year-old son Brian.

While not selected, the following secretaries were honored by being nominated: Tamara Dillon, Field Preventive Medicine Division; Linda Patrick, Document Management Division; Cindy Sepulveda, Office of



Donna M. Pierce is shown with her supervisor, Ronald J. Swatski.

the Chief of Staff; Betty Spurlin, Directorate of Epidemiology and Disease Surveillance; Marcy Welch, Air Pollution Source Management Program; and Jean Whitsell, Deputy Chief of Staff for Operations.

BALTIMORE FEDERAL EXECUTIVE BOARD

This year CHPPM nominated two employees for the Excellence in Federal Career Awards Program sponsored by the Baltimore Federal Executive Board. Dennis Druck was nominated in the Outstanding Supervisor Grades 13 and Above category, and Victoria Belfit was nominated as Rookie of the Year (Professional).

Druck, a Bronze Award winner, was cited in his nomination for having served as acting program manager for Environmental Health Risk Assessment and Risk Communication from October 20, 1996 to September 30, 1998. During his tenure he improved the reputation, stature, and working environment of the program. Under his leadership the program "gained the reputation for being the lead agency for risk communication training, became the Army's central expert in assessing risk for the permitting of chemical munitions destruction facilities, and solidified its position of being the preferred choice of installations for the rapid response to environmental health risk concerns. This resulted in the program adding approval authority for Army-performed ecological risk assessments to its existing authority for human health risk assessments. Under his influence the program expanded its health risk mission to include additional forms of assessing risk outside the normally recognized use of environmental risk assessment methodology (e.g., residential indoor air risk assessment, industrial life cycle



risk assessment, the use of probabilistic methodology, and risk assessment for decontamination of chemical warfare equipment).

A Gold/Silver Award finalist, Belfit was cited as team leader of CHPPM's lead hazard management program. Within a year she "has gained recognition throughout the Department of the Army and Department of Defense as an expert in lead and lead-based paint issues. She has

expanded her technical and administrative role over the past nine months to encompass issues involving asbestos, other heavy metals, and general industrial hygiene." She also represents CHPPM on medical issues related to lead and



asbestos in support of the DA Office of the Surgeon General and the DA lead and asbestos team. Her in-depth understanding of technical, managerial, and DoD and DA policy issues, coupled with her day-to-day working relationships with Headquarters DA organizations, has expanded her role as a leader in medical issues related to lead and asbestos. She has been involved in several investigations of military housing units in which children of

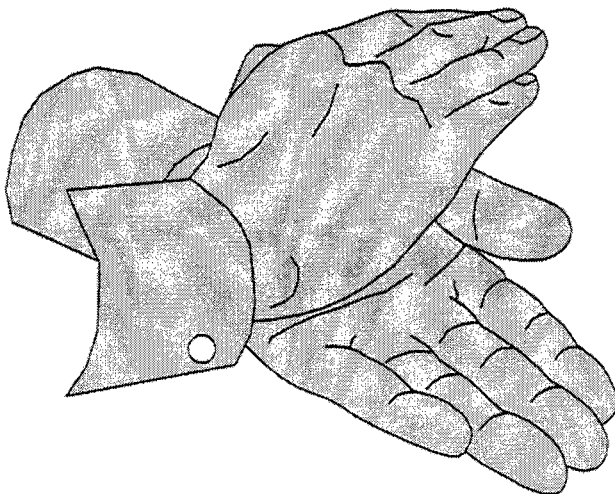
military occupants had documented levels of elevated blood lead. Her understanding of and expertise in regulatory requirements, investigative techniques and biology, coupled with her innate interpersonal skills and human compassion, effectively communicate technical facts during highly charged emotional situations.

GERMAN MILITARY PROFICIENCY AWARD

1LT Joseph Mackey, Environmental Engineering Division, USACHPPM-EUR, completed the training and testing requirements to receive the German Military Proficiency Training Badge. This training involves the completion of a 30-km ruck march, weapons qualification with the German Military revolver and machine gun, and completion of the German Civilian Sports Badge requirements (5-km run, 100-m sprint, shot put, long jump, and 800-m swim). This award is the German military's second highest peacetime award.

AIRBORNE TRAINING

1LT Keith Blount, entomologist, USACHPPM-West, completed the Army's Airborne Training. Congratulations to 1LT Blount for his perseverance in successfully accomplishing this task.



SUSTAINING BASE LEADERSHIP AND MANAGEMENT

Ms. Judy Harris, Health Educator for Managed Care Services, graduated from the Sustaining Base Leadership and Management (SBLM) program at Army Management Staff College, Fort Belvoir. The SBLM is an intensive, 12-week program for current and emerging leaders in the Army's Sustaining Base. The graduate-level curriculum focuses on leadership and decision-making, the National Military Strategy, doctrine, and systems. As her major research project, Ms. Harris wrote a professional article entitled "Health Promotion: Embracing a New Element of Army Culture," which placed fourth in the class-wide writing competition.

YOUNG DIETITIAN OF THE YEAR FOR 1999

The American Overseas Dietetic Association (AODA) recognized Ms. Amanda Archibald, USACHPPM-Europe, as the Young Dietitian of the Year for 1999. This award is presented to dietitians 35 years or younger, with 5 or more years of experience in the industry. Ms. Archibald was nominated by AODA for her contributions to their board of directors in redirecting the organization's strategic and long-term planning processes, and for her role in shifting the dietetics profession into non-traditional roles. This award recognizes Ms. Archibald's contributions and service as the USACHPPM-EUR Health Promotion Coordinator and director for Heidelberg Wellness Center.

OPERATIONS OTHER THAN WAR

JOINT TASK FORCE SAN MARCOS, GUATEMALA



1LT Mouw gives a safety briefing to incoming troops.

Where is Guatemala? Central America - located between the Pacific Ocean and the Caribbean Sea. It is south of Mexico, west of Belize, and north of Honduras and Nicaragua.

What is the country like? Guatemala is a beautiful country with every climatic zone the world has to offer. You can find old growth forest, rain forest, jungles, mountainous regions, snow-covered mountains, and dry wastelands. The tallest volcano in the Americas is located there.

Where is San Marcos? San Marcos is seven hour north of Guatemala City, two hours east of the Pacific Ocean, and one hour south of Mexico. It is in a valley of the Sierra Madre Mountains at about 8500 feet above sea level. It is within 30 minutes of Tajumulco, the largest volcano in the Americas.

Describe the people. Very generous, helpful, and kind. If you did not look close all you would see was poverty. If you look closer you find a people rich in culture, spirit, and history. The area is a mixture of Spanish and native Mayans.

What was Joint Task Force San Marcos? It is a part of Joint Task Force Bravo; the mission is to better relations with Central American Countries through construction projects, Medical Readiness Exercises, and other humanitarian missions. These missions foster a better relationship between the US and these Central American Countries. It was comprised of mainly Reserves from New York, Pennsylvania, and New Jersey. A total of 1426 soldiers participated in this deployment. Of the more than 1400 soldiers less than 75 were active duty. The Duration Staff consisted of 15 personnel, which was short of the normal number of about 50.

Was Joint Task Force San Marcos a Joint Service Operation? Of the 1,426 people assigned, 140 were US Air Force, 80 were US Marine Corps, and 40 were US Navy.

What did they do? The USN provided sailors to dig two deep-water wells and medical support for the USMC. The USMC built one school and provided the reactionary force for the security of the base camp. The USAF constructed the base camp, one school, and laid the foundations for two other schools. They also provided medical staff for two Medical Readiness Exercises.

Was it a Multinational Operation? Twelve soldiers from the Guatemala Army were assigned to the Task Force. They were engineers and spent most of their time on the school construction sites. They were instrumental in building the Base Camp Chapel and the Base Camp MWR Telephone Center. They also aided with plumbing and electrical problems of the base camp. While not assigned to the Task Force, Guatemala Security Forces worked side-by-side with American Military Police. They pulled security of the gates, rode patrols, and guarded the work sites together.

Why was San Marcos selected as a site? Because of its remote location and the size of the city, which was large, enough to have several construction projects going at the same time.

Who was Joint Task Force San Marcos suppose to help? The primary groups to receive help were the children. There were construction projects and exercises to also help adults.

How did Joint Task Force San Marcos help? The Joint Task Force constructed five schools, drilled two deep-water wells, and conducted six Medical Readiness Exercises. Not included under the Operation Order, the Chaplains collected food, clothing, and toys both from the States and the soldiers of the Task Force. Soldiers volunteered to help distribute these items in the communities where they were working. The Chaplain and other personnel made several trips to the local Convent for services and cultural events. The first Joint Guatemala/American Mass was conducted in the Base Camp for Easter.

What was USACHPPM's involvement? USACHPPM was tasked with providing two soldiers to conduct a preventive medicine mission that included food, water and sanitation inspections.

Who did CHPPM send? 1LT Andrew Mouw, USACHPPM-South and SFC David Sikes, USACHPPM-Main. 1LT Mouw was the Preventive Medicine Officer. Additional duties included Transportation Officer and, because of his educational background, he was assigned as the Civil Engineer in

charge of all construction projects. His additional duty as Civil Engineer made his duty as PM Officer much easier to conduct, control, and to enforce.

SFC Sikes was the Preventive Medicine NCO. Additional duties included Postal NCO, Transportation NCO, and Base Camp First Sergeant (1SG.) As Base Camp 1SG he was responsible for insuring that all soldiers had a place to sleep, food to eat, and a job to do. His preventive medicine job was made easier by being the Base Camp 1SG. He could take immediate action on any PM situation he saw and correct it before it became a true problem.

What medical conditions were treated? The biggest medical problem was Upper Respiratory Infection (URI). Due to the dry and dusty conditions of the area, URI's were 40 percent of all sick call cases. The next problem was Mountain Sickness. At 8,500 feet above sea level it took soldiers time to adjust to the elevation. During the three months of deployment, only 60 cases (22 percent) of gastrointestinal infection were seen on sick call. A large number of these cases were due to the crew of a construction site eating from an unauthorized food source. No cases of Malaria have yet been reported but there was one reported case of Dengue Fever and one documented case of a parasitic infection.

Did CHPPM personnel accomplish their mission? No major outbreaks occurred during the three months of the deployment with the exception of the construction site lunch trip. Dust control was managed with water from the Reverse Osmosis Water Purification Unit.

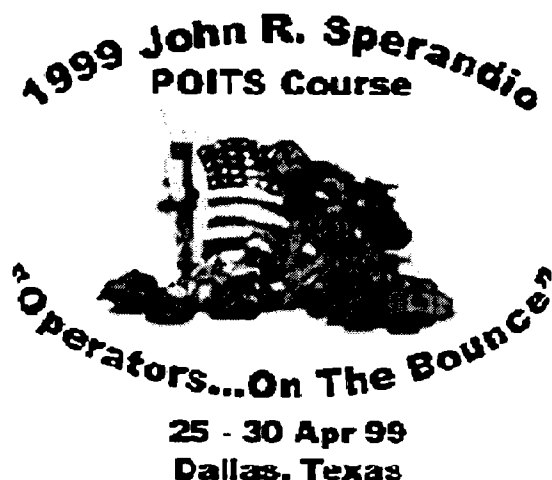
Did Joint Task Force San Marcos accomplish their mission?

The construction mission was accomplished seven days ahead of schedule. The schools were all open on time and the wells were producing water. Over 10,000 local nationals were treated during the Medical Readiness Exercises. Relations between the people of San Marcos and the US were greatly improved. Both the local people and the US personnel learned many important lessons about themselves and each other.

POC: SFC David S. Sikes, DSN 584-8497, 410-436-8497, or 1-800-222-9698.

SPECIAL MEDICAL AUGMENTATION RESPONSE TEAM - PREVENTIVE MEDICINE (SMART-PM)

AMEDD Medical Planners Learn About USACHPPM SMART-PM



The USACHPPM participated in the 1999 Sperandio Postgraduate Short Course held in Dallas, Texas, 25-30 April. CPT Gregory Kimm (USACHPPM-West) and CPT Lisa A. Forsyth (USACHPPM-North) presented the SMART-PM concept to over 500 Medical Service Corps officers, AMEDD noncommissioned officers and DOD civilians serving in plans, operations, training, security and intelligence positions at all staff and command levels. The Sperandio Postgraduate Course provided an excellent opportunity to outline the SMART-PM capabilities, equipment and mission. Furthermore, medical operators (70Hs) received information on tasking procedures outlining chain command responsibilities.

Past and potential SMART-PM missions illustrate USACHPPM's integrated approach in providing expert preventive medicine support during regional and domestic emergencies, humanitarian and disaster relief operations, weapons of mass destruction (WMD), and civil military cooperative actions. USACHPPM assets (personnel, technical knowledge, and equipment) further enhance the diverse consequence management capabilities within our Government. As a result of a Federal Response Plan mission analysis, SMART-PM anticipates potential augmentation mission with other Federal agencies, such as Corps of Engineers (Public Works), Health and Human Services (Public Health) and U.S. Environmental Protection Agency (Hazardous Material/Hazardous Waste).

Since August 1998, SMART-PM observed/participated in Keystone II, National Domestic Preparedness Exercise, Joint Task Force-Build Hope (Hurricane Mitch disaster relief) and NATO's 50th Anniversary Summit (Washington, DC). For additional information on SMART-PM, contact LTC Mahr, SMART-PM Manager, DSN 584-2488, 410-436-2488, or 1-800-222-9698.

HEARS TODAY, DOHRS-HC TOMORROW

Some transitions are inevitable, whether we agree with, or even want the change. Seasons go from winter to spring, summer and fall. The year 1999 will change to the year 2000. Army, Air Force, and Navy Hearing Conservation Programs (HCPs) will change from using the Hearing Evaluation Automated Registry System, or Hearing Evaluation and Audiometric Reporting System (HEARS), to using the Defense Occupational Health Readiness System - Hearing Conservation (DOHRS-HC). Implementation of DOHRS-HC for all Tri-Service HCPs allows the Services to use the same hearing testing system for noise-exposed personnel, providing an increased ability to share resources, increased inter-service cooperation, and increased management of local, regional and service-wide HCPs.

The past 5 years have seen significant effort directed toward the development of a Tri-Service automated hearing testing system to be used for our HCPs. Although this has been a time of extreme change, turmoil and challenge, Tri-Service cooperation has been present throughout this process. It has required trust and the persistent and determined effort of the three Services through the auspices of the DOD Hearing Conservation Working Group (HCWG), Tri-Service HEARS User's Group Meetings, and the DOHRS-HC Management Board (MB).

The DOD HCWG identified common HCP practices among the Services and adopted the best of these practices to form one standard HCP business practice for all of the services. The HEARS User's Groups identified features and functions which would help them better serve their noise-exposed populations while providing greater assistance in completing their work requirements. The DOHRS-HC MB was implemented to facilitate the development of the new software, ensuring the requirements from the DOD HCWG and the HEARS User's Groups were accurately represented and met within DOHRS-HC.

We have moved to new software to utilize shared resources among the services in a time of reduced re-

sources, to address common business practices, to meet the Y2K requirements directed from DOD, and, most importantly, to enhance HCP monitoring, compliance, and management for combat readiness and survivability. The care of our noise-exposed military and civilian personnel is always of paramount concern for our programs. Use of DOHRS-HC will lead the way in demonstrating the effectiveness of a singular, tri-service application, which enhances, acknowledges, and supports the importance of HCPs.

The years of dedication, delays, and effort are about to pay off! DOHRS-HC is expected to be deployed to existing HCPs within the next 6 to 9 months. Use of the DOHRS-HC is mandated within the DOD Instruction 6055.12, DOD Hearing Conservation Program and service specific HCP regulations. Note that previously, DOHRS-HC was referred to as EAR3-A, however, due to initiatives and requirements from the DOD software development arena, the name was changed to DOHRS-HC.

The DOHRS-HC will be deployed with new computer and audiometer hardware and software to existing Army, Air Force, and Navy HEARS sites. This includes active duty, National Guard and reserve locations. The software will be Windows based with pick lists and built-in service specific calculations to aid the user in meeting testing requirements regardless of the noise-exposed individual's DOD component. Updates on the status of DOHRS-HC development and deployment initiatives are available on the DOHRS Home Page through the worldwide web. As we say "Goodbye, So Long, and Farewell" to old, faithful HEARS, we anxiously look forward to your opportunity to say "Hello, Nice to Meet You, and Can't Wait to Work with You", to the new DOHRS-HC. POC: Ms. Leeann S. Domanico, DSN 584-3797, 410-436-3797, or 1-800-222-9698.

DOHRS-HC - Hearing Loss Prevention for the Twenty-First Century

AMERICAN COLLEGE OF PREVENTIVE MEDICINE SUBCOMMITTEE ON GRADUATE MEDICAL EDUCATION

LTC Ralph L. Erickson has been named to serve on the American College of Preventive Medicine (ACPM) Subcommittee for Graduate Medical Education. This 16-member national committee meets bi-annually and represents the ACPM and the specialty of preventive medicine in matters pertaining to residency training. The subcommittee is currently working to develop an in-service exam for preventive medicine residents.

GENERAL PREVENTIVE MEDICINE RESIDENTS SWEEP AWARDS

In an unprecedented sweep, the resident-physicians of the USACHPPM-sponsored General Preventive Medicine Residency Program, located at Walter Reed Army Institute of Research (WRAIR), claimed three of the five outstanding presentation awards given at the American College of Preventive Medicine Conference (Prevention '99) in Washington, DC, 18-21 March. Competing against other residents (both military and civilian) from programs across the US, MAJ Xiomara Brown, CPT Bryan Alsip, and CPT Stephen Cersovsky each won an award, which included a check for \$100.00. The three

award-winning presentations were as follows: MAJ Brown, "Characteristics of Military Recruits With Early Discharges for Psychiatric and Substance Abuse Disorders;" CPT Alsip, "Asthma Trends in the U.S. Army: 1990-1997;" and CPT Cersovsky, "Back Disorders and Attrition in U.S. Military Recruits." These awards are a tribute to the hard work of these residents and to the partnership of USACHPPM and WRAIR in running a high quality residency program. POC: LTC Erickson, DSN 662-1362.

FIELD TRAINING OPPORTUNITIES IN MILITARY TROPICAL MEDICINE, BELIZE

In her capacity as the Co-director of the DOD's Military Tropical Medicine (MTM) Course, Uniformed Services University of the Health Sciences (USUHS), MAJ Lisa Keep traveled to the Central American country of Belize to establish field training sites for participants of the course. The MTM course itself is taught annually in the months of July and August, training an average of 70 military health care providers from the Army, Navy, and Air Force in the clinical and public health aspects of tropical disease. The first 4 weeks of the course are taught in classrooms and laboratories at USUHS, followed by 2 weeks of field training in Central and South American countries where tropical diseases are endemic. POC: LTC Erickson, DSN 662-1362.

MEDICAL STUDENTS

During April and May, MAJ Lisa Keep and LTC Loren Erickson, Professional Medical Education Program, served as epidemiology laboratory instructors for first-year medical students at the USUHS. As part of their adjunct faculty responsibilities, MAJ Keep and LTC Erickson led students through exercises involving: (1) the prevention of leishmaniasis in soldiers deployed to Panama, (2) an investigation of an outbreak of respiratory disease among sailors aboard a guided missile cruiser, and (3) the screening of servicemen and women for HIV infection. Training medical students at USUHS in preventive medicine is viewed by the staff to be a significant investment in the future. POC: LTC Erickson, DSN 662-1362.

RECRUITING DRIVE FOR ARMY PREVENTIVE MEDICINE PHYSICIANS

Confronted with an Army-wide shortage of residency-trained preventive medicine (PM) physicians, the entire staff of the Professional Medical Education Program (PMEP) has launched an ambitious recruiting effort. As part of this drive, program staff has worked closely with the U.S. Army Recruiting Command to identify civilian PM physicians who could be brought onto active duty. In an effort to expand the USACHPPM-sponsored PM residency training base, PMEP staff have also requested additional residency training starts for this year from the Army Graduate Medical Education office. If granted, these additional training positions will more than double the size of the residency classes from 1997 levels.

To increase the applicant pool, the residency programs have been aggressively marketed to medical students and junior medical corps officers in the Army. This marketing has included the development of new brochures, mass mailings, the identification of local PM mentor/recruiters, the development of new websites, and presentations at national meetings. Although it is too early to fully judge the success or failure of this recruiting effort, inquiries into the training programs (to date) are significantly increased over last year. POC: LTC Erickson, DSN 662-1362.

DEFENSE VISION INFORMATION SYSTEM (DVIS)

The DVIS will be an automated information system in support of vision services in the DOD. DVIS will integrate existing vision and optical migration systems and provide additional automation support to incorporate electronic patient records, automatic data collection and entry, on-line expert referencing, and fully automated ordering and fabrication processes to eliminate redundant manual data entry and retrieval. DVIS will be supported by a comprehensive automated information system (AIS) framework tailored to the needs of personnel that provide vision services.

A quality web page on DVIS is available at Clinical Business Area:

<http://cba.ha.osd.mil/projects/other/dvis/dvis-main.htm>

POC: CDR Cornforth, DSN 584-1007, 410-436-1007, or 1-800-222-9698.

AIR QUALITY MANAGEMENT

A document edited and partially authored by the Air Pollution Source Management Program was specifically recognized by Mr. Raymond J. Fatz, Deputy Assistant Secretary of the Army, in a statement on 13 April before the Subcommittee on Readiness of the Senate Armed Services Committee. Mr. Fatz stated, "Vital to the Army's overall management of the Clean Air Act program is the issuance of a management guide, *Air Quality Management Using Pollution Prevention: A Joint Service Approach*. The document

guides the user in implementing process changes that ultimately will save millions in taxpayer dollars by eliminating compliance and cleanup costs."

The CHPPM developed the concept for this document, prepared the Army's input, coordinated input from other Services, and edited and distributed the final document. Copies are available upon request. POC: Ms. Linda F. Jekel, DSN 584-6820, 410-436-6820, or 1-800-222-9698.

SHORT-TERM CHEMICAL EXPOSURES GUIDELINES FOR DEPLOYED MILITARY PERSONNEL

USACHPPM personnel presented the current status of Technical Guide 230A, *Short-Term Chemical Exposure Guidelines for Deployed Military Personnel* to the OTSG who funded the Nuclear, Chemical, Biological (NBC) initiative. The Environmental Health Risk Assessment and Risk Communication Program announced the finalization of the document during the briefing on 23 April after 2 1/2 years of work involving multiple USACHPPM programs and director-

ates. The document has received much recognition and has been requested from many DOD and non-DOD organizations. Hard Copies are available upon request and also as a pdf file at <http://chppm-www.apgea.army.mil/hrarcp/pages/caw/index.html> under "Documents". POC: Ms. Veronique D. Hauschild, DSN 584-5213, 410-436-5213; or 1-800-222-9698.

PFIESTERIA

The Water Supply Management Program prepared an information paper, Significance of *Pfiesteria piscicida* to the U.S. Military.

Pfiesteria is a microorganism found primarily in estuarine waters and has been linked with many fish kills along the East Coast of the U.S. Several large fish kills occurred in Maryland during 1997. Additionally, a group of watermen experienced adverse health effects tied to working in and around *Pfiesteria* contaminated waters.

Research to characterize the *Pfiesteria* toxin and its true health significance has recently been initiated. The information paper presents known biological characteristics, potential health effects related to exposure to the *Pfiesteria* toxin, and precautions that both soldiers and family members can take to avoid exposure. Copies are available upon request. POC: Mr. John K. Brokaw, DSN 584-3919, 410-436-3919, or 1-800-222-9698.

POLLUTION PREVENTION (P2) AND INTEGRATED SOLID WASTE MANAGEMENT STRATEGIES

Ms. Beth Martin, Ground Water and Solid Waste Program, conducted a site visit at Fort Sam Houston (FSH) to gather information needed to develop P2 strategies in the area of solid waste management. Ms. Martin is part of a team of USACHPPM project managers that are working together to update FSH's P2 plan. Strategies that were evaluated included developing an installation recycling program, increasing the reuse of tree trimmings, implementing numerous source reduction practices, and increasing participation in the family housing recycling program. Four different options for structuring an installation-recycling program were analyzed. Each option was evaluated in detail from technical, environmental, regulatory, and fiscal perspectives. The economic evaluations included identifying and quantifying implementation costs, recurring costs, recurring cost savings, and revenues. More specifically, Ms. Martin compared using various combinations of in-house and contracted resources and compared three different ways to market recyclable materials. The research conducted by Ms. Martin to evaluate recycling program options will be extremely useful to FSH in developing their program. Imple-

mentation of other suggested P2 strategies would assist FSH in achieving State and DOD waste reduction goals.

FSH also requested assistance in preparing an integrated solid waste management plan (ISWMP) as required by AR 420-49 and AR 200-1. Ms. Martin had gathered sufficient information about solid waste management on FSH to complete an ISWMP subsequent to completing the P2 plan draft. The ISWMP documents the installation's current solid waste management practices, defines solid waste management responsibilities in detail, sets goals for improving solid waste management, and specifies the approach for achieving those goals. The ISWMP draft is currently being reviewed by the installation. This plan will also assist FSH in meeting recycling and waste reduction goals and will facilitate compliance with solid waste regulations.

Various services related to solid waste and P2 are available to you upon request. POC: Ms. Beth Martin, DSN 584-5202, 410-436-5202, or 1-800-222-9698.

REAL WORLD AIR CONFERENCE TO BE HELD IN ATLANTA, GEORGIA, 15-18 MAY 2000

The U.S. Army Forces Command and USACHPPM are partnering to conduct the second Real World Air Conference. The first Real World Air Conference was conducted in 1996 and was attended by over 300 individuals and 25 exhibitors. The conference is intended to address current air pollution issues affecting Federal facilities. The Real World Air Conference will be conducted in Atlanta, Georgia from 15-18 May 2000.

The intent of this conference is to share air pollution issues that affect Federal facilities and their non-government counterparts. A wide variety of air pollution experiences are anticipated and encouraged. The following technical sessions are planned:

- Pollution Prevention
- Particulate Matter (Both PM10 and PM2.5)
- National Emission Standards for Hazardous Air Pollutants
- Regional Pollutant Transport
- Ozone Depleting Chemicals
- Sampling Methods
- Open burning/open detonation
- Emergency Planning and Community Right to Know Act (EPCRA)
- Air Pollution Health Studies
- Legal Issues
- ISO 14000
- GIS Applications
- Miscellaneous Issues

A call for papers and exhibits is issued. Abstracts must be received by 1 October 1999. For more information, please call either Ms. Sherri Hutchens, USACHPPM, 410-436-8149; Ms. Rochelle Williams, FORSCOM, 404-464-7695; or visit the conference web site at <http://chppm-www.apgea.army.mil/air/airconf/conf.htm>



RISK COMMUNICATION

"They don't care that you know, until they know that you care."

-Will Rogers

Communicating highly scientific, technical information to a non-technical or concerned and anxious audience can sometimes be frustrating, difficult, and frightening. Unclear explanations and ineffective communication breeds distrust, inflates the perception of the risk, and leads to poor future relations. Therefore, effective communication in low trust, high concern situations is vital.

Any event involving an actual or perceived risk may be considered a low trust, high concern situation. These situations focus on health, environmental, safety, or wellness concerns but Risk Communication skills can be applied to any situation or concern. Risk Communication can be defined as "the exchange of information between concerned parties about an actual or perceived risk." However, at USACHPPM, it is believed that Risk Communication is more than just an exchange of information.

Risk Communication has become a highly studied field of scientific research. In today's time of major distrust of the Government, from all sides, soldiers, veterans, and the public, it is very important to build working relationships with your audience. If your job involves communicating information to an audience, you must know how to communicate effectively for

understanding and thoughtful discussion to occur. Effective communication is not only a building block, but a cornerstone, for strong relationships. Being able to communicate information clearly and effectively in low trust, high concern situations will improve your ability to successfully complete your mission.

The Risk Communications Program at USACHPPM has been studying Risk Communications for nearly 10 years. The program is rooted in academic research and is kept on the forefront through ties with accredited universities conducting risk communication studies and by working in the line of fire, with DOD officials studying the Anthrax vaccine, Depleted Uranium, Gulf War Syndrome, and many other health and environmental issues.

Our Risk Communication Team members are seen as Risk Communication experts. Training workshops, consultation, support, and review services are offered and highly acclaimed as "excellent," "much needed," and "time well spent."

RISK COMMUNICATION WORKSHOPS

USACHPPM offers a series of Risk Communication workshops around the world. The Introductory workshop is an intense 3-day course which defines Risk Communication, identifies key Risk Communication principles, and offers students a unique hands-on approach to learning Risk Communication essentials. These include how to build trust and credibility, avoid communication traps, answer tough questions, use non-verbals, develop key messages, profile your community, and interact with the media. The advanced workshop is a 3 ½-day class with an

optional refresher of the basic course. This course focuses more on interactions with cultural and community differences as a communicator, managing conflict and hostile individuals, profiling your community and developing messages that will work, and understanding the media. Specialized courses can be offered to specific installations upon request. All workshops are designed to maximize learning and are therefore a combination of lecture, discussion, videos, overhead presentations, and invaluable practical experiences.

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INTRODUCTORY CLASSES

21-23 Sep 99: Edgewood, MD
2-4 Nov 99: Baltimore, MD
11-13 Jan 00: Washington, DC
29 Feb-2 Mar 00: San Antonio, TX
2-4 May 00: Baltimore, MD
6-8 Jun 00: Seattle, WA
22-24 Aug 00: Baltimore, MD

ADVANCED CLASSES

7-10 Sep 99: Edgewood, MD
7-10 Feb 00: Seattle, WA
10-13 Apr 00: San Antonio, TX
17-20 Jul 00: Baltimore, MD

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CONSULTATION, SUPPORT, AND REVIEW SERVICES

USACHPPM Risk Communication specialists are experts in their field. They are available for consultation and support, helping you to identify and develop communication pathways and strategies, prepare for upcoming public meetings or information sessions, and establish a Community Relations Plan. Review services for oral, written, graphic, or electronic media are also available.

Any time there is an actual or perceived risk in a low trust, high concern situation, Risk Communication principles should be employed. If you have ideas that you are unsure how to communicate clearly or if you do not know where to begin, USACHPPM is available for all of the DOD. When

clear, effective communication occurs, everyone benefits.

For more information...

For a workshop schedule or application, consultation, support or review services, or more information about Risk Communication or how the Risk Communication Program can serve you, call DSN 584-7715, 410-436-7715, or 1-800-222-9698, or visit us at <http://chppm-www.apgea.army.mil/hrarcp/pages/index.html> (POC: Ms. Lisa Martinek, DSN 584-8551, 410-436-8551, or 1-800-222-9698)

10TH ANNUAL HEALTH PROMOTION DIRECTOR CERTIFICATION COURSE

The Directorate conducted the 10th Annual Health Promotion Director Certification Course in partnership with The Cooper Institute of Aerobics Research in May. This session trained and prepared for certification of 41 DOD personnel. This course has now trained approximately 500 personnel worldwide. The attendees cover all services and a variety of specialties. The program includes topics such as writing

business plans, understanding Army budgeting, resources available to help develop health promotion programs for installations, evaluating programs for effectiveness, and how to market to a target population. This is a highly popular and successful training. POC: MAJ Kathleen Wiltsie, DSN 584-8864, 410-436-8864, or 1-800-222-9698.

HUMOR AND HEALTH

It is pretty well known now that humor has a positive effect on health. Many researchers have documented such benefits as the secretion of endorphins, reduction in stress hormones, improved immune function, reduced pain perception, increased blood flow, and exercise of the muscles in the face and torso during laughter. According to Dr. William Fry, Associate Clinical Professor in psychiatry at Stanford University, laughter stimulates both the musculoskeletal and nervous systems. His research has also demonstrated an increase in immunoglobulin in the blood and an increase in white blood cell activity during exposure to humor. Tucson, Arizona social worker David Jacobson states that people who laugh frequently have lower-than-average blood pressures.

Other studies reveal that most people think that they have an above-average sense of humor. However, laughter decreases with age. I suspect that many of us are better at applying humor to our patients, clients, co-workers, and families than we are at using it for ourselves. Do you know how many times a day you laugh? Do you consciously make time for fun?

Catherine Ripplinger Fenwick, a Canadian psychologist who writes and speaks extensively about humor, has developed a quiz for determining one's Laughter Quotient, or L.Q. It is reproduced below, with Ms. Fenwick's permission. Use it to find your L.Q.

What is Your L.Q.? (Laughter Quotient)*
Circle the number that is most true for you.

	almost never	seldom	some times	often	always
1. I hear myself laughing out loud.	1	2	3	4	5
2. I am a fun person to be with.	1	2	3	4	5
3. My sense of humor helps me to get along with others.	1	2	3	4	5
4. I play spontaneously.	1	2	3	4	5
5. I feel O.K. about acting silly in appropriate situations.	1	2	3	4	5
6. I regularly plan times for playing and laughing.	1	2	3	4	5
7. I can laugh at my own mistakes.	1	2	3	4	5
8. I make the best of bad situations.	1	2	3	4	5
9. I use humor to help others feel better.	1	2	3	4	5
10. I avoid using humor that makes others feel uncomfortable.	1	2	3	4	5
11. I avoid sarcastic and negative humor.	1	2	3	4	5
12. I can see something positive in most situations.	1	2	3	4	5
13. I take time out for holidays.	1	2	3	4	5
14. My family and friends support my need for fun.	1	2	3	4	5
15. When I feel stressed, my sense of humor keeps things in perspective.	1	2	3	4	5
16. I feel comfortable laughing at work.	1	2	3	4	5
17. I allow myself to play first and work later.	1	2	3	4	5
18. My sense of humor is one of my best qualities.	1	2	3	4	5
19. I believe laughing contributes to my sense of well-being.	1	2	3	4	5
20. The more I laugh the better I feel.	1	2	3	4	5

Add your total score: _____

75-100 = High L.Q.
50-75 = Average L.Q.
25-50 = Low L.Q.

You're doing fine, keep it up. Read some humor books, such as Ms. Fenwick's
Pretty good, but could be better. Do some humor exercises.
Look back over the questionnaire and see what you need to do to tickle your funny
bone and get more laughter into your life.

*From Fenwick, Catherine R., *Humor and Healing*, St. Peter's Press, Muenster, SK, Canada.

How did you do? Whether your L.Q. is high or low, you may want to explore more ways to use humor in your health care practice, work setting, or personal life. There is evidence that similarity in sense of humor strengthens relationships. Here are some web sites that contain useful articles, ideas, jokes, and links:

- <http://saskweb.com/healinghumor/index.html>
Catherine Fenwick's site.
- <http://www.intop.net/~jrdunn/index.html>
Humor & Health Institute site – fact sheet, articles, cartoons, Journal subscription information.
- <http://www-medlib.med.utah.edu/mla98/pub.html>
reference list of publications on the value of humor.
- <http://www.rtpnet.org/~cahaha/>
Carolina Health and Humor Association site – ideas, jokes, articles, links.
- <http://www.flash.net/~djacob/humor.html>
guidelines for appropriate use of humor, articles.

POC: Ms. Judy Harris, DSN 584-8864, 410-436-8864, or 1-800-222-9698.

PREVENTING FALLS



The National Safety Council reports that 14,000 people died as a result of injuries sustained from falls in 1996. According to the U.S. Consumer Product Safety Commission, more people die as a result of tripping on a level surface than from playing sports. However, more than 42 percent of deaths occurred as a result of falling from stairs and steps.

At work sites, falls are second only to auto accidents in causing personal injury. According to the Army Safety Program, by midyear 1999, Department of the Army Civilians had submitted 2,536 lost-time injury claims, 25 percent of which resulted from falls. By mid-1999, approximately 2,000 soldiers were injured as a result of a fall; three of these injuries were fatal.

Some preventive measures to avoid slips and falls at work include the following:

- Be aware of where you walk and be attentive of spilled liquids, changing surfaces, floor openings, and electrical cords.
- Wear footwear with slip resistant soles and select footwear appropriate for the job.
- Use ladders correctly and ensure that they are anchored and stable.
- Make sure that scaffolding is safe to use, secure, stable, and properly set up.
- Never jump out of vehicles or from equipment.
- Always use handrails and steps where they are provided, even if you do not think you need to.

Forty percent of all falls occur in the home. According to the National Safety Council, children 10 years and under account for half of hospital visits related to falls. Many injuries were due to lack of supervision and lack of protective barriers. There are several prevention strategies that can reduce the risk of falling or prevent falls in the home environment:

- Install proper lighting; use automatic night-lights; install light switches at the top and bottom of stairs.
- Make sure that carpeting and rugs are woven tightly; secure area rugs with foam carpet backing or rubber pads so that they don't move.

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- Remove clutter from stairs and high traffic areas.
 - Clean up spills immediately.
 - Re-route electrical cords that create an obstruction.
 - Fill holes and depressions around your property.
 - Use ladders and step stools properly.
 - Secure loose tiles.

There are additional precautions you can take to keep your children free from home falls:

- Supervise babies on beds and in baby walkers; strap babies into high chairs and strollers.
- Use approved safety gates with space pickets no more than four inches apart.
- Make high porches, balconies, and fire escapes off limits.
- Keep windows clear of items that could be used for climbing.
- Use window guards; ensure windows are opened no more than five inches. Window screens do not prevent children from falling.
- Choose slip-resistant floor tiles, bathmats, and use non-slip decals in bathtub.

FALL PREVENTION FOR OLDER ADULTS

According to the National Safety Council, approximately 30 percent of persons over 65 who are independent and living on their own fall each year. Most of these falls are caused by environmental hazards in and around the home or by personal health behaviors resulting in injuries ranging from head traumas to broken limbs.

Preventive measures to reduce the risk of fall for older adults include the following:

- Obtain annual hearing and eye exams. Hearing and sight are important components of balance and space perception.
- Evaluate medication. Some medications can cause dizziness or disorientation making the elderly even more susceptible to falls.
- Maintain a diet adequate in calcium and vitamin D to preserve bone health.
- Participate in a regular exercise program. Strengthening exercises can reduce the risk of falls. Studies from the National Institute on Aging indicated that there was reduction in the rate of falling for persons who participated in Tai Chi, because it enhances balance and strength.

Fall prevention education, environmental improvements in the home and workplace, and a modification of personal health behaviors can save lives and reduce serious injuries. (POC: Ms. BethAnn Cameron, DSN 584-7175, 410-436-7175, or 1-800-222-9698.)

OUTSMARTING TICKS

Awareness is the best defense

Ticks are a sad fact of outdoor life in most parts of the United States, as well as many parts of the world. But they don't have to ruin your work or play if you arm yourself with a few facts and simple techniques.

Ticks are not insects, but are more properly termed 'arachnids', a group that includes spiders, mites, and scorpions. Like insects, though, they are not only a nuisance, but can carry and transmit (i.e., they are the 'vectors' for) a wide variety of disease-causing organisms (pathogens). Different kinds (species) of ticks generally transmit different pathogens, that is, they are considered vectors for specific disease organisms. There is mounting evidence that some ticks can simultaneously carry and transmit more than one kind of pathogen.

In the United States, three species of ticks most frequently bite humans: the black-legged tick (more commonly called the deer tick, *Ixodes scapularis*); the Lone Star tick (*Amblyomma americanum*); and the American dog tick (*Dermacentor variabilis*).

The black-legged tick can efficiently transmit *Borrelia burgdorferi*, the bacterium that causes Lyme disease, as well as the pathogens that cause babesiosis and a recently-discovered disease known as human granulocytic ehrlichiosis (HGE). Along the Pacific coast of the U.S., the culprit responsible for these diseases is the closely-related western black-legged tick (*Ixodes pacificus*). And, in other parts of the world, *B. burgdorferi* is transmitted by *Ixodes ricinus*, the sheep tick (in Europe), and *Ixodes persulcatus* (in Asia).

The Lone Star tick can transmit *Ehrlichia chaffeensis*, the pathogen that causes another form of ehrlichiosis known as human monocytic ehrlichiosis (HME). Whether or not this tick species transmits a pathogen that causes an illness very similar to Lyme disease ('Lyme-like illness') is currently the subject of considerable medical and academic controversy.

Finally, the American dog tick can transmit *Rickettsia rickettsii*, the pathogen that causes Rocky Mountain spotted fever (RMSF). Contrary to what its name suggests, RMSF

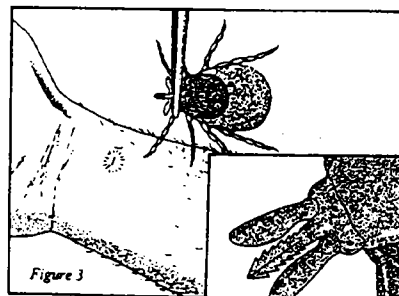
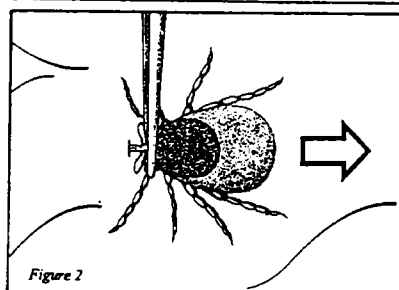
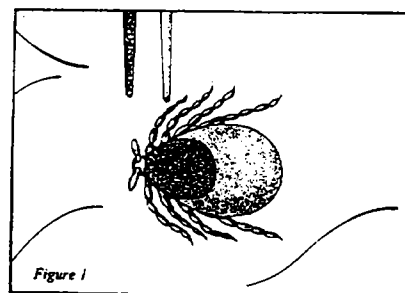
is a disease that is most prevalent in the eastern half of the United States, although it was first discovered in Montana.

Additional diseases, such as tick paralysis, Colorado tick fever, relapsing fever, and tularemia occur less frequently, but nevertheless remain potential risks when one is bitten by ticks in the U.S. In other parts of the world, serious diseases, including tick-borne encephalitis and Congo-Crimean hemorrhagic fever, are also tick-borne.

Ticks that are only crawling on your skin or clothing cannot make you sick; they must bite and feed on you for at least a few hours in order to transmit infection. In the case of Rocky Mountain spotted fever, infection may occur in as little as 6 hours after the tick has attached; in the case of Lyme disease, infection is most likely to occur after 24 to 48 hours. Not all ticks are infected, so a tick bite does not necessarily mean you will get a disease. Since you cannot tell if a tick is infected just by looking at it, it is important to remove any attached tick as soon as possible.

- Grasp the tick's mouthparts with fine-pointed tweezers right up against your skin (Figure 1).
- Pull back slowly and steadily with firm pressure (Figure 2), in the reverse of the direction in which the mouthparts are inserted, like you would for a splinter.
- Be patient: the long, central mouthpart (called the hypostome) is inserted in your skin. It is covered with sharp barbs, sometimes making removal difficult and time-consuming (Figure 3, inset). In addition, ticks secrete a cement-like substance during feeding. This material adds to the difficulty of removal.
- Continue to pull steadily until the tick can be eased out of the skin.
- Don't squeeze the body of the tick during removal as this may inject infective fluid into the wound. Don't apply vaseline, fingernail polish, fingernail polish remover, or a lighted match to the tick while it is attached because this might agitate the tick and cause it to inject infective fluid into your skin.
- Once the tick is removed, wash the bite site and apply an antiseptic.
- Save the tick for identification should you later develop disease symptoms. Discard the tick after one month, as tick-borne diseases generally display symptoms within this time period.
- DOD clinics can send ticks that have been removed from patients to

To remove a tick:



USACHPPM for identification and testing. Information on tick species and infection status may be useful to the physician in making diagnosis and treatment decisions. Clinics can contact the Entomological Sciences Program for Tick Test Kits and instructions: USACHPPM, ATTN: ESP, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010-5403; DSN 584-3613 or Commercial (410) 436-3613.

Ticks go through several stages in their life cycle: egg, larva, nymph, and adult (male and female at this stage). For all tick species, the larva is very tiny (a mere speck), the nymph is a little larger (but still very small, about the size of a poppy seed, or head of a pin), and the adults are larger and easy to see. Larval ticks rarely transmit pathogens to man, but both nymphs and adults may do so.

A tick needs a blood meal from a host (mammal, bird, reptile, or human) at each active stage in order to molt (progress to the next stage of its life cycle), and to reproduce (mate and lay eggs) as adults. This feeding process continues for several days to a week until the tick is fully engorged with blood. It then releases its hold from the host, drops off, and subsequently molts or lays eggs. If the tick is infected with pathogens, it can transmit the infection to the host (this could be you!) during the feeding process.

Most tick-borne diseases exhibit very similar early symptoms, which mimic the flu: muscle or joint aches, fatigue, headache, fever, chills, and sometimes nausea and vomiting. In the case of Lyme disease, these symptoms are often accompanied by a red ring-like rash that expands from the site of the tick bite 3 days to a month following infection. This rash, called erythema migrans, usually grows to at least several inches in diameter. Often a spotted red rash occurs in RMSF, one to 2 weeks following infection, beginning on the hands and feet and quickly spreading to cover much of the body. Rashes are usually not associated with most of the other tick-borne diseases.

If Lyme disease is left untreated, it can lead to severe, long-term, or even permanent damage to the nervous system and joints. RMSF progresses quickly, with high fever and severe headache, and can lead to death if not treated. Other tick-borne diseases can be equally as devastating.

All tick-borne diseases can be treated successfully with antibiotics. However, early treatment works best, so see your physician at the first sign of illness following a tick bite. Administration of antibiotics for a tick bite alone

is not generally advisable in most cases.

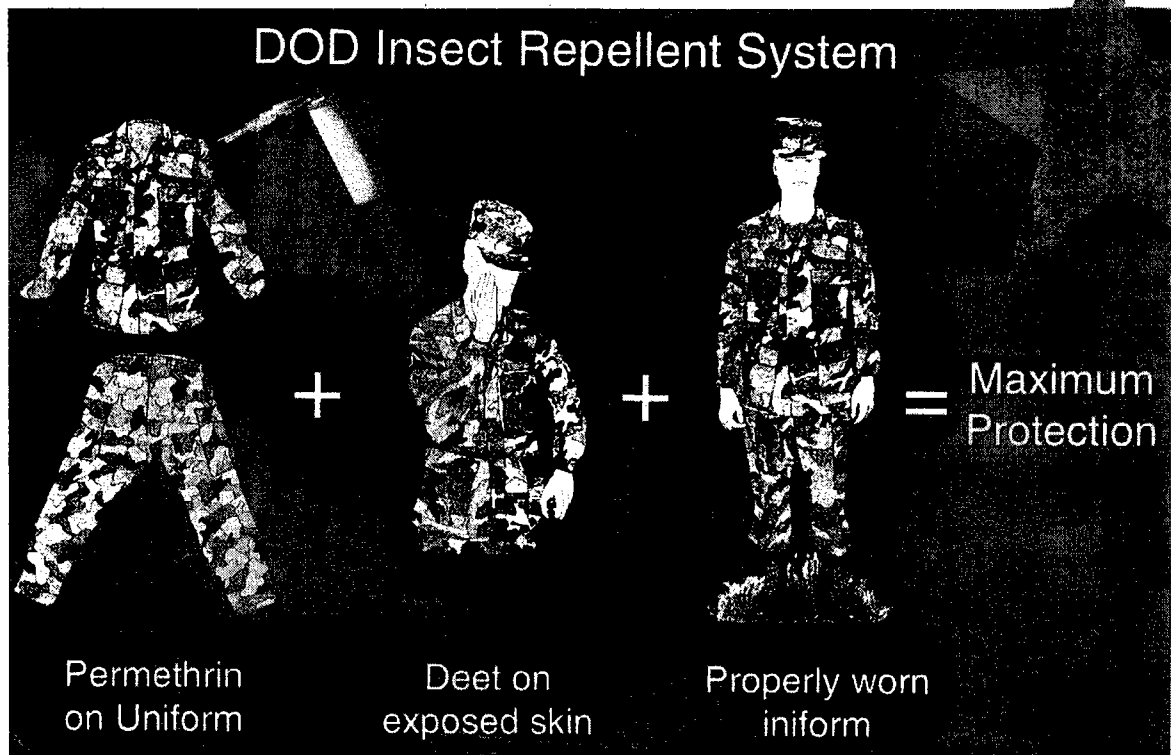
In December 1998, the Food and Drug Administration (FDA) licensed the first human Lyme disease vaccine, LYMERix™. The vaccine requires 3 shots over the course of a year, and provides 76% protection. It is only effective against Lyme disease, none of the other tick-borne illnesses, and it is currently unclear how long the protection lasts.

Your best bet for safety is to prevent ticks from attaching to you in the first place. Follow these steps to protect yourself:

Learn to recognize tick habitat. Ticks are abundant in woods with brushy undergrowth and leaf litter. They are also plentiful in areas of high grass, weeds, and brush. Ticks are not as likely to be present in lawns or other large, well-mowed areas because they are more subject to the drying effects of wind, intense sun, and extreme temperatures. In addition, the mammal hosts of ticks do not spend as much time in these exposed, manicured areas, so ticks are not as likely to be carried into such sites.

Prevent access of ticks to your skin whenever you go into tick habitat by wearing a long-sleeved shirt and long pants. Tuck your shirt (or undershirt, if you are wearing a battle dress uniform) into your pants, and your pants into either boots or tightly-woven socks. Wear light-colored clothing whenever possible to make spotting ticks easier.

For maximum protection, use insect repellents on your clothing and exposed skin. Applied to clothing, a repellent containing permethrin kills ticks on contact. A single application of permethrin will remain effective through several washings. For skin, repellents containing DEET (N,N-diethyl-m-toluamide) will help protect against ticks. Apply DEET to exposed skin. State-of-the-art permethrin and DEET repellents are available through the military supply system. Concurrent use of skin and clothing repellents, while wearing the uniform properly, is known as the DOD Insect Repellent System.



DOD Insect Repellent System



Permethrin Impregnation Kit, 40% permethrin, Clothing Application, NSN 6840-01-345-0237. One kit treats one battle dress uniform (BDUs). ONE TREATMENT IS EFFECTIVE FOR THE LIFE OF THE UNIFORM



Permethrin Aerosol Can, 0.5% permethrin, Clothing Application, NSN 6840-01-278-1336. One can treats one battle dress uniform (BDUs). One treatment is effective through 6 washings. This product is also available commercially; look for such tradenames as Duranon or Permanone.

Check yourself and your children routinely for ticks whenever you are in tick habitat. While you are outside, use the buddy system to inspect the back of your clothing. Otherwise, crawling ticks may fall off in your vehicle or inside your workplace or home. Check your clothing and body carefully once you come back indoors. Remove all ticks you find as quickly as possible. Tick checks and speedy removal are two of the most important techniques to protect yourself from acquiring a tick-borne disease.

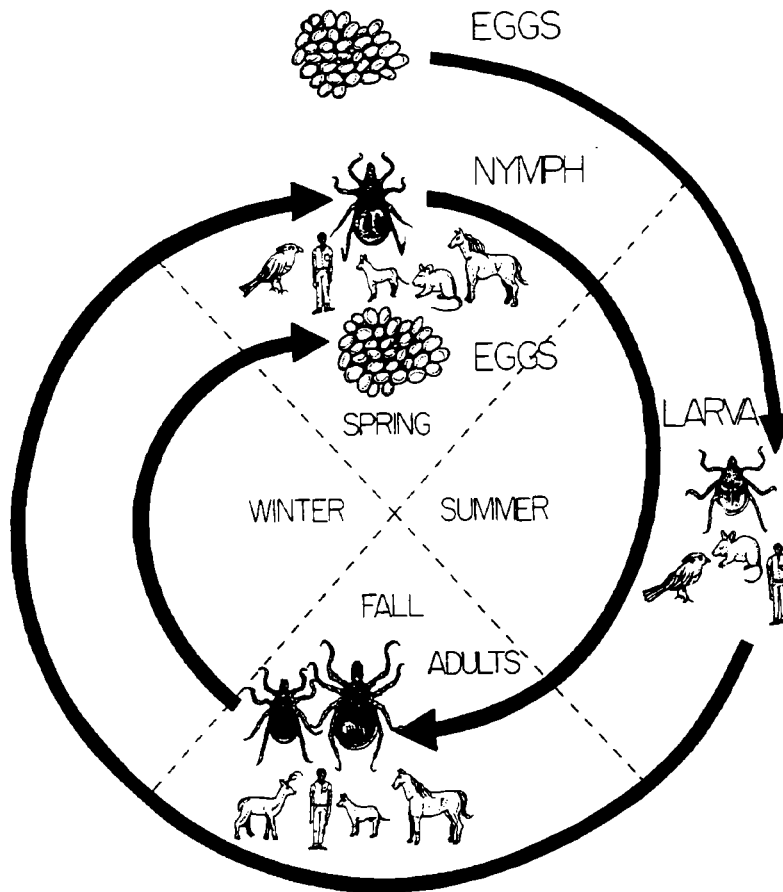
You can help protect your family while at home by keeping your yard well-mowed and cleared of leaves, dense undergrowth, and brush. Keep wood



Long-acting DEET lotion, 33% DEET, Personal Application (skin), NSN 6840-01-284-3982. For use on exposed skin. One application of this military formulation lasts up to 12 hours. DEET is available in a wide variety of commercial repellent products.

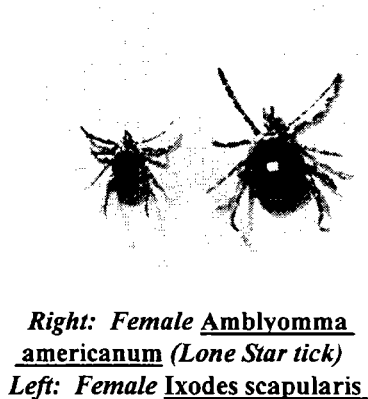
piles and other rodent harborage as far from your house as possible. Ticks can also be carried into your yard and home on pets. Carefully check both their skin and fur after they have been outdoors. Not only can loose ticks drop off their fur to pose a threat to household members, but domestic animals such as cats, dogs, horses, and cows can also get Lyme disease and other illnesses from tick bites.

Large numbers of ticks feed on deer during the fall and winter. Therefore, you may be exposed to ticks when hunting and cleaning deer. Venison is safe to eat, but cook it to medium doneness.

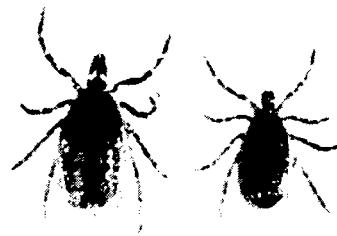


Life Cycle of Ixodes scapularis (deer tick)

Stages in the life cycle of Ixodes scapularis (black-legged or 'deer' tick), left to right: larva, nymph, adult male, adult female. The nymph and adults can be infective.



Right: Female Amblyomma americanum (Lone Star tick)
Left: Female Ixodes scapularis



Right: Male Ixodes scapularis
Left: Female Ixodes scapularis



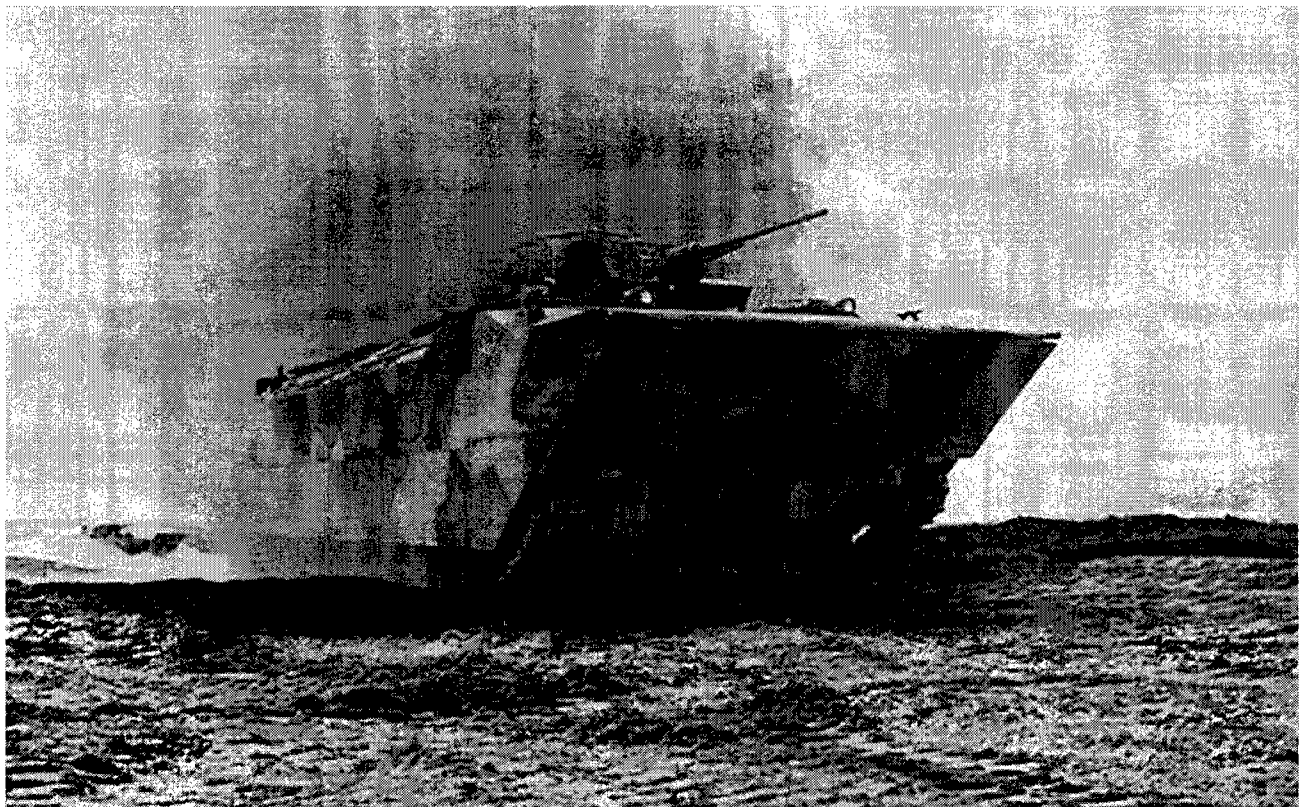
Right: Female Dermacentor variabilis (American dog tick)
Center: Female Ixodes scapularis
Left: Male Ixodes scapularis

HEALTH HAZARD ASSESSMENT (HHA) SUPPORT

The HHA Program has been working with the Marines and Air Force recently to provide support for some of their major weapon systems. The other services currently do not conduct formal comprehensive HHAs on their material systems like the Army does. In past years the HHA Program has conducted assessments on a few material systems such as the Light Armored Vehicle, 155mm Howitzer for the Marines, and a few marine vessels for the Navy. The current systems being looked at for uncontrolled hazards are the Advanced Amphibious Assault Vehicle (AAAV) for the Marines and the National Missile Defense (NMD) for the Air Force.

The AAAV is an armored, tracked amphibious combat vehicle that carries 18 combat equipped troops (a reinforced Marine rifle squad)

and has three crewmembers. It will allow the Navy and Marine Corps to link maneuvers in ships and maneuver ashore, for the first time, into a single, seamless operation, and give both ships and landing forces sufficient sea space for maneuver, surprise, and protection. It will provide the principal means of armored protected land and water mobility and direct fire support to infantry troops during combat operations to include a nuclear, biological, and chemical environment. Some of the health hazards currently being assessed are acoustic noise (impulse and steady state), chemical substances, temperature extremes, oxygen deficiency, vibration, and radiation.



The Ballistic Missile Defense Organization has the responsibility to provide protection against ballistic missile attack from all sources. This capability is comprised of two major architectures, National Missile Defense (NMD) and Theater Missile Defense. The NMD provides for the defense of the United States from accidental or unauthorized launches of a limited number of Intercontinental Ballistic Missiles or Submarine Launched Ballistic Missiles. The potential health hazards associated with the NMD include ionizing and nonionizing radiation, impulse and steady state noise hazards, and chemical substances.

The Army's HHA Program is an Army Medical Department initiative in cooperation with and in support of the Army Material Acquisition Decision Process. The HHA Program supports acquisition compliance with the health assessment requirements contained in DOD Regulation 5000.2-R. The Army Surgeon General has designated the USACHPPM as the Executive Agent for the Army HHA Program. POC: MAJ John V. Teyhen, III, DSN 584-2925, 410-436-2925, or 1-800-222-9698.

MICROMEDEX NOW AVAILABLE ON THE DOHRS NET RESOURCES INTERNET SITE:

<http://dohrswwww.apgea.army.mil>

The Defense Occupational Health Readiness System Network (DOHRS Net) Resources Internet Site is now available. The first application available on DOHRS Net is the Micromedex Tomes Consolidated Point Solution System. The following databases are available: MEDITEXT (Medical Management), HAZARDTEXT (Hazard Management), INFOTEXT - Regulations, Standards and General Information, CHRIS - Chemical Hazard Response Information System, HSDB - Hazardous Substance Data Bank, IRIS - Integrated Risk Information System, NAERG - North American Emergency Response Guidebook Documents, New Jersey Hazardous Substance Fact Sheets, NIOSH Pocket Guide, OHM/TADS - Oil and Hazardous Materials/Technical Assistance Data System, RTECS - Registry of Toxic Effects of Chemical Substances, REPROTEXT System, REPROTOX System, TERIS - Teratogen Information System, and the 1st Medical Response Protocols.

To access DOHRS Net, simply apply for an account on the DOHRS Web Site at: <http://dohrswwww.apgea.army.mil>. Select DOHRS Net Resources and apply for an account. Additional instructions and prompts are provided during the application process. An email address ending in .mil must be provided to receive an account. Upon receiving your TEMPORARY password via email, you must verify your account information and select a new password via the link provided. Please take advantage of the valuable resources provided by DOHRS Net and routinely check for new resource additions.

For deployment operations where Internet connectivity is not available, the DOHRS PMO has six CD-ROMs available upon request from preventive medicine units. POC: MAJ Alex Ornstein, DSN 584-2926, 410-436-2926, or 1-800-222-9698.

HEALTH HAZARD INFORMATION MODULE (HHIM) USERS RECEIVE NEW EQUIPMENT

The Occupational Health Management Information System (OHMIS) Program Management Office deployed 220 new HHIM computer systems worldwide. The new hardware provides a much-needed upgrade to the 3-year old computer systems previously deployed. In partnership with the USACHPPM Deputy Chief of Staff for Information Management, the systems were staged and pre-configured at USACHPPM. All systems are ready for Network installation. Additionally, selection of the new Pen Based

Computers for replacement of the Fujitsu systems has been made. The Panasonic Toughbook 33 is a combination PBC and sub-notebook computer combining the ease of pen-based navigation and entry with added mouse and keyboard functionality. The Pentium 266MHz unit weighs only 2.6 lbs. Deployment to Beta sites is projected for late 3rd Quarter to early 4th Quarter. POC: MAJ Alex Ornstein, DSN 584-2926, 410-436-2926, or 1-800-222-9698.

ULTRAVIOLET (UV) RADIATION AND MIDDAY EXERCISE

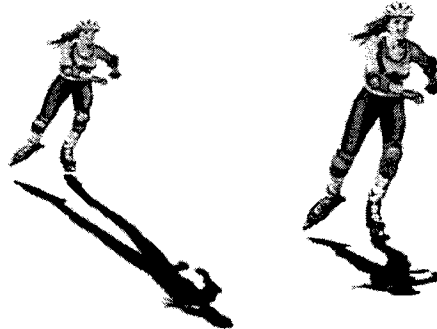
It is summertime! Don't worry, you do not have to stay in a cave all summer to protect yourself from UV. However, many people exercise outside during the midday hours, and they would be better off if they exercised indoors or chose another time for their workout. It is better to enjoy the sun if you are aware of the dangers of UV radiation and are educated about UV protection. I am here to tell you how to protect yourself from UV radiation, and maybe tell you a few things about UV that you did not know.

How to Protect Yourself from UV

There are better times to exercise! Avoid the midday sun. Protective measures are especially recommended during the midday hours between 10 a.m. and 4 p.m., when the sun is highest in the sky and the UV exposure is most intense. You will be better off if you exercise in a shaded area, indoors, or work out during the morning or late afternoon hours. Make sure you drink enough water when you exercise.

If you do not know the time, use the shadow rule for sun protection. Another way to check the intensity of UV radiation, besides the time of day, is the

shadow rule. Look at the shadow you cast on the ground and make a mental picture of yourself lying next to it. If the shadow's length is greater than your height, the sun is below the half-way point in the sky, and the UV radiation is greatly reduced (over 50 percent lower than the midday maximum). See graphics below.



Low UV Hazard

*Strong UV Hazard
Protect Yourself*

Clothing and wrap-around sunglasses – the first line of defense. You can use clothing to protect yourself from UV. But if you do, make sure you drink enough water to avoid heatstroke.

If you have ever visited the tropics, you would notice that the locals are wearing hats, long pants, and long-sleeved shirts much more often than the tourists. Along the same line, cowboy hats may be fashionable for those who like country music, but this design is no accident. They were made to protect the wearer from dust and the sun. Clothing can be one of the best defenses against UV. Clothing manufacturers are now touting UV-protective fabrics and designs.

Wearing loose-fitting clothing that covers the arms and legs is recommended. Again, drink plenty of water to avoid heatstroke. Wide-brimmed hats will protect the head and neck. Sunglasses will help protect the eyes; those with wraparound design will protect the eyes most effectively. Even inexpensive sunglasses will also block UV radiation well.

Sunscreen – Use SPF 15+. If clothing cannot be used to protect the skin, SPF 15+ sunscreen is recommended. The SPF factor listed on bottles of sunscreen works as follows: SPF 2 sunscreen reduces the UV exposure to 1/2, SPF 4 reduces the UV exposure to 1/4, SPF 10 reduces the UV exposure to 1/10, and so on. Make sure you apply the sunscreen liberally and reapply it every couple of hours. The SPFs are based on laboratory measurements, and most people do not apply enough.

Never seek to get a tan. There are some benefits to UV exposure, but only incidental exposure is needed for your health. There is no such thing as a healthy tan. The UV light in tanning beds will damage your skin and should be avoided.

Why It is a Good Idea to Avoid the Midday Sun When You Exercise

Keep in mind that the UV exposure is highest during the midday hours from 10 a.m. to 4 p.m. when many people choose to exercise and play. Painful effects of too much short-term UV exposure include sunburn and blistering of the skin. Too much UV

exposure over a lifetime can lead to premature aging of the skin and increased risk for skin cancer and cataract. The United Nations Environment Program has estimated that 2 million nonmelanoma skin cancers and 200,000 malignant melanomas occur globally each year. Many of these could be prevented if people avoided the midday sun or better protected themselves when outdoors.

Where the UV Comes from: The Sun, the Sky, and Ground Reflections

All of these sources of UV can be important – don't ignore any of them! When most people think of outdoor exposure, they only remember the sun. They do not realize that the remaining sky also radiates UV, and this is the reason why people can get sunburn even if direct sunlight is blocked by the shade of a tree or awning. Ground reflections should not be ignored either. If you are in a beach environment, the UV reflected from the sand and sea foam will increase your exposure by 15-25 percent. Concrete reflects UV almost as well (10-15 percent), and fresh snow is an excellent reflector of UV (80 percent or higher). Now you know why skiers get sunburns, and their eyes can be affected by snowblindness. Green grass reflects relatively little UV radiation.

Why It is Important to Educate Your Children

Children spend a lot of time playing outdoors during the midday hours of summertime. As a result, most lifetime exposure to UV occurs during the childhood years. Set a good example and get children in the habit of protecting themselves when they go outside. Remember that children will imitate their parents' behavior!

POC: Mr. Stephen P. Wengraitis, DSN 584-3932, 410-436-3932, or 1-800-222-9698.

INTERNATIONAL LASER SAFETY CONFERENCE

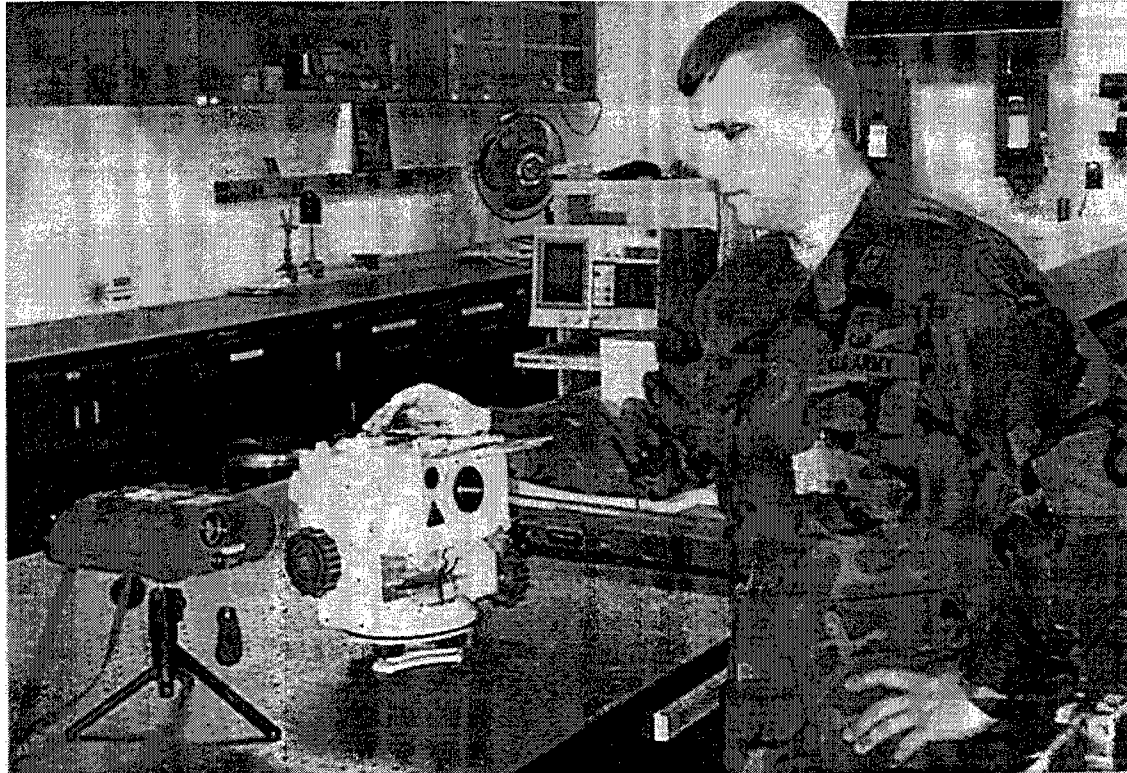


Photo by: Mr. Stephen DiDomenico

CPT Francis Hoin examines a laser rangefinder: Yugoslavian-made, Iraqi-used, US-captured.

The Laser/Optical Radiation Program (LORP) participated in the 1999 International Laser Safety Conference (ILSC) from 8-11 March in Orlando, FL. The Laser Institute of America sponsored the conference, which is held every 2 years. This conference assembles representatives from foreign governments, nations, standards committees, industries, educational institutions, etc. in order to exchange information on the recent developments in the laser safety field. The ILSC covers the broad spectrum of laser safety issues, ranging from evolutions in the knowledge

of the biophysical interactions of laser radiation with tissue; implications of physiological and behavioral factors; the current thinking in the standards world; and the application of protective measures in the medical, industrial, educational, business, and home environments.

The LORP contributed substantially to the success of the ILSC. Dr. David Sliney, Mr. James Franks, Mr. Wesley Marshall, and Mr. Jeffrey Pfoutz presented lectures. Mr. Stephen DiDomenico set up the display and led LORP in promoting the services and capabilities of the

USACHPPM. LORP's informational fact sheets on laser safety and non-ionizing radiation protection were very popular. Other LORP personnel also participated in the conference.

Mr. Stephen L. Kistner, Deputy for Technical Services, stated, "I cannot emphasize enough the importance of participating in events like these. This is the path toward scientific and technological excellence. At the foundation of this process is the step-by-step exchange and collaboration of information from international experts. Every major scientific development usually begins with another's work that evolves until a breakthrough or major advancement emerges. The LORP recognizes this process and continually contributes to state-of-the-art issues in the laser/optical field. It is my opinion that the LORP is at the cutting edge of becoming a worldwide center of expertise within their professional discipline. This type of initiative epitomizes the scientific leadership role that this organization needs to support into the 21st century."

The device shown underneath the hand of CPT Francis Hoin is a Yugoslavian-made laser rangefinder, which was designed by a participant of the ILSC. This particular rangefinder was used by the Iraqis in the Gulf War, and then captured and seized by U.S. soldiers. The device to the left is an early U.S. rangefinder prototype. The laser rangefinder is an important battlefield tool. Unfortunately, personnel can and have been injured by laser rangefinders. The LORP is consulted to educate personnel on laser safety and to minimize the risk of potential injury. POC: Mr. Stephen DiDomenico, DSN 584-3932, 410-436-3932, or 1-800-222-9698.

LABORATORY RECOGNITION OF 25 YEARS ACCREDITATION

At the recent American Industrial Hygiene Conference, the American Industrial Hygiene Association (AIHA) expressed its gratitude to USACHPPM for its long term support of and participation in AIHA's Laboratory Quality Assurance Program. The Center has held AIHA accreditation for laboratory analysis for 25 years since 1 June 1974 and was among the first

laboratories to be accredited. The AIHA accreditation is currently held by the Directorate of Laboratory Sciences (DLS) and is one of 48 state, national, and international accreditations and certifications held by DLS. POC: Mr. Fred Belkin, DSN 584-3898, 410-436-3898, or 1-800-222-9698.

USACHPPM-Europe

RADIOBIOASSAY COLLECTION, LABELING, AND SHIPPING REQUIREMENTS

The Radiation Protection Division, USACHPPM-EUR, published its update to Technical Guide 211, Radiobioassay Collection, Labeling, and Shipping Requirements. The updated guide outlines procedures specific to U.S. Army Europe and U.S. Army Central Command for the submission of radiobioassay samples through USACHPPM-Europe to USACHPPM-Main, to comply with Army Regulation 40-14, Occupational Ionizing Radiation Personnel Dosimetry.

Copies of the update were furnished to the European Regional Medical Command, and the surgeons for 1st Armored Division, 1st Infantry Division, V Corps, and the U.S. Army Central Command. Copies are available upon request to USACHPPM-Europe. POC: CPT Hart, DSN 486-7038.

USACHPPM-Pacific

CHPPM-PAC PREPARES FOR HUMANITARIAN ASSISTANCE (ECOLOGY PROJECT) TO VLADIVOSTOK, RUSSIA

The U.S. Pacific Air Forces (PACAF) has been designated by the Commander in Chief, Pacific (CINCPAC) to lead a number of humanitarian assistance (Health Affairs) projects in the Russia Far East (RFE) under a cooperative agreement (protocol of intent) signed in December 1998 by the Commander of the US Pacific Command (PACOM) and the Head of the Primorski Krai Department of Health (PKDOH). The intended end state for this collaborative US/Vladivostok effort is to create and maintain positive relations between Russian military, civilian government, and non-government organizations as Russia transitions to a new economic and governmental system. Since 1996, PACOM has been providing medical equipment and supplies to Vladivostok, Russia, under Operation Provide Hope, which ended in December 1998. During this project, the PACOM reviewed the potential for continuing medical humanitarian support in the RFE. Coordination and cooperation between PKDOH and PACOM identified a number of humanitarian assistance projects to include an "Ecology Project", which was prioritized by the PKDOH as number two out of nine projects. This project is anticipated to include health risk assessments in areas in and around Vladivostok where the populations may be at higher health risks resulting from stressful environmental conditions.

This mission provides the military medical services a unique opportunity to support the CINCPAC's Theater Engagement Plan of contributing to regional stability through constructive political and military development of Nations in the Asia-Pacific Region. It offers many inherent challenges for all participants directly or indirectly supporting this effort. Its success rests on the professional technical ability and interper-

sonal and communication skills of the participating military personnel and civilians contributing to a team effort. The CHPPM-PAC stands ready to meet the challenge and establish a benchmark for excellence in humanitarian assistance.

Our participation in the humanitarian assistance mission will accomplish the medical objectives of training for support and stability operations (SASO), jointness, closer working relationships with non-governmental organizations, and assessing medical threats in environments where we may be deployed in the future. This effort not only benefits the host nation, but the DOD preventive medicine functions by providing a "real world" platform for gaining first-hand familiarity and conducting on-site health-based risk assessments in a joint environment.

The executive agent, PACAF, has designated Detachment 3, Human Systems Center, Kadena Air Base, as the lead agency for the Ecology Project. The USACHPPM-PAC and the Naval Environmental Preventive Medicine Unit-6 are working closely with Detachment 3. USACHPPM-Main and their counterparts in the other Services will augment their Pacific-based subordinate organizations, as/when required. Lt. Col. Richard Ashworth, Commander, Detachment 3, was a member of a fact-finding Team that visited Vladivostok in mid-June. His findings will form the basis of a more focused mission of a Joint Team that is tentatively scheduled to visit Vladivostok in July/August. In the meantime, the three Pacific-based preventive medicine organizations continue to develop a long-term (5-year) strategic plan for US/Vladivostok collaborative work on the Ecology Project. POC: MAJ Thomas J. Little, DSN 263-8489 or commercial 81-3117-63-8489.

CHOLESTEROL

The Health Promotion/Disease Surveillance Division (HPDSD) went out into the Camp Zama community to conduct blood pressure and cholesterol screenings. They screened approximately 9 percent Active Duty, 14 percent Department of the Army Civilians (DACs), and 3 percent of the adult family members at Camp Zama. The initial return data indicates that Active Duty, age 30-39, and DACs, age 50-59 are at greater cardiovascular risk than other populations at Camp Zama. The HPDSD is

currently reviewing intervention strategies to reduce the cardiovascular risk factors in the two populations. The results of the blood pressure screening do not indicate that any intervention strategies are needed for the Camp Zama community. This event supports DOD Healthy People initiative No.123 (Blood Cholesterol checked) and No. 122 (Blood Pressure checked). POC: Ms. Janet Methvin, DSN 263-5050.

KIDS PLAY

In celebration of Month of the Military Child, the Health Promotion/Disease Surveillance Division (HPDSD) spearheaded the first ever, KIDS PLAY, an afternoon of fun and games with emphasis on encouraging fitness in our youth. The afternoon kicked-off with 20 minutes of warm up stretches and exercises. Children were divided into groups of 10 or more according to age and rotated to 20 different exercise stations. Stations included: potato sack races, relay races, jump rope, basket ball throw, tug-o-war, soccer kick, and many others. Over

300 children and adults from the community participated in KIDS PLAY. The HPDSD utilized the Health Promotion Council to plan and implement this successful event. Activities such as KIDS PLAY are an excellent venue for teaching young people the importance of fitness while demonstrating that it can be fun as well! This event supports Healthy People 2010 Objective No. 3 Physical Activity and Fitness. POC: MAJ Sherri Baker, DSN 263-5050.

FAMILY FUN DAY

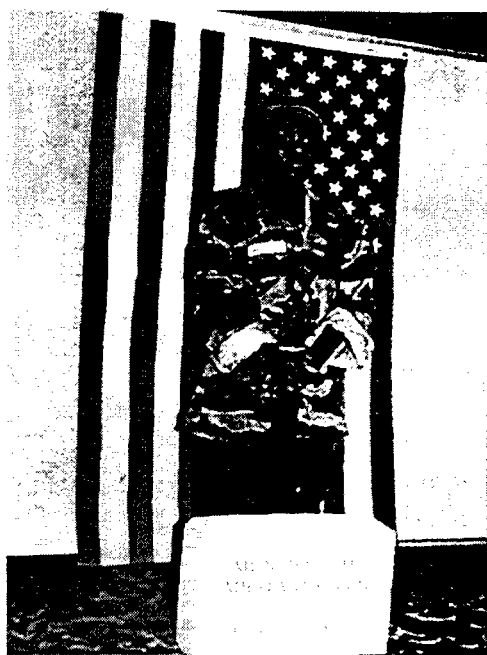
USACHPPM-PAC participated in Camp Zama's annual Family Fun Day with representation from all divisions! Advertised as a day of learning, laughter, fun and family wellness, Family Fun Day lived up to its name as more than 400 community members experienced the many activities available. Family Fun Day is an annual event in recognition of Month of the Military Child and Child Abuse Prevention Month. The day is a community event in which organizations pull together and offer exciting activities to foster interaction and exchange between parent and child. Table activities were entitled, Silly Science, Bugs Buggin' Out, Glow-Germ-Glow, 5-A-Day Your Way, and Paper Making. Activities ranged from making slime, and recycling paper, to learning about entomology, germ control and promoting the importance of eating five servings of fruit and veggies a day. POC: MAJ Sherri Baker, DSN 263-5050.



Ms. Janet Methvin, HealthPromotion/Wellness, demonstrates the value of hand washing to 3-year old Emily Kerwin and her sister Sara, 6, by showing them how germs travel.



Ultraviolet light shows invisible germs.



Kendall Little, USACHPPM-PAC family member, proud to be a military child!

USACHPPM-West

RODENTS AND HANTAVIRUSES

Rodents, especially mice, have been associated with human activities since the beginning of time. Even with modern improvements in sanitation, mice still invade our homes and other structures where we work, store commodities, or enjoy recreational activities. House mice are usually found in urban and suburban settings and are not commonly associated with debilitating diseases. Deer mice are often found in rural areas and are the primary vectors of hantaviruses recognized in the Americas during the last 6 years.

To date, there have been 217 cases of hantaviruses in the US, with a fatality rate between 40-50 percent. There were 21 hantavirus cases in 1998, and 15 cases in 1999. Mild winters and cool, wet summers are often associated with an increase in hantavirus cases because of increased survival, food, and harborage for deer mice. On military installations, deer mice are rarely found in family housing or offices in the cantonment area. However, these rodents are commonly found in buildings and structures in unimproved areas such

as bunkers, well houses, transformer stations, recreational cabins, and storage facilities. House trailers are increasingly common on military installations where they provide temporary office/work space. Trailers placed in or adjacent to open fields are especially susceptible to deer mouse invasion because readily accessible insulation beneath the trailer provides ideal harborage. In fact, mouse populations can become so large that a strong odor of urine can be detected when opening the entry door.

Hantavirus infection is primarily acquired by inhaling particles of urine, feces, or saliva containing viruses. The risk of acquiring hantavirus is increased significantly indoors because of the density of airborne contaminated particles. The risk of acquiring hantavirus through outdoor exposure is diminished because nesting materials and excreta from deer mice are not concentrated, virus contaminated particles disperse more rapidly, and ultraviolet light can inactivate the viruses.

Care should be taken to reduce exposure to all mice since deer

mice and house mice, and their droppings, are similar in appearance to most individuals on an installation. In addition, deer mice infected with hantavirus are indistinguishable from non-infected mice. Minor amounts of droppings should be sprayed with a light disinfectant, wiped up with a disposable towel, placed in a plastic bag, and disposed. When heavy rodent contamination is encountered, local preventive medicine personnel should be notified. Unless specifically trained and outfitted with personal protective clothing, individuals should not undertake large rodent cleanup operations.

The recognition of hantaviruses in the US has changed the way we live and deal with rodents. Since these diseases have probably been present for thousands of years, it is not likely that hantaviruses will disappear from rodent populations. Although rodent-borne diseases are uncommon, increased education and awareness can keep people safe.

POC: Mr. Jim Harrison, DSN 347-0084.

RODENT-BORNE DISEASES

Members of the Entomological Sciences Division have been working on a hantavirus technical manual for the last 2 years. The final document has been published by the Armed Forces Pest Management Board as Technical Information Memorandum No. 41, *Protection from Rodent-Borne Diseases with Special Emphasis on Occupational Exposure to*

Hantavirus. This manual provides information on rodent-borne diseases, especially the hantaviruses that cause respiratory illness in the Americas. Information has been gathered from a wide variety of sources to provide a concise technical resource for military personnel on this newly recognized, life-threatening group of diseases.

Precautions and procedures to ensure health and safety in a rodent-contaminated environment are outlined for soldiers, civilian workers, and dependents on military installations. Copies are available from the Armed Forces Pest Management Board or from USACHPPM-West. POC: Mr. Jim Harrison, DSN 347-0084.

ANNUAL MOSQUITO REPORT

The Entomological Sciences Division published the Annual Mosquito Report comprising detailed information on more than 16,000 mosquitoes collected from nine Army installations in the mid-western and western US during 1998. Collection records and bionomic information on the various mosquito species identified by entomologists provide preventive medicine personnel at local MEDDACs and clinics

the ability to understand the medical threat and nuisance factors associated with mosquitoes that adversely affect missions in their areas. In addition, the data contained in the report are valuable to local public health officials, especially when floods or other natural disasters increase the

potential of mosquito borne diseases within the community. Copies are available upon request. POC: Mr. Jim Harrison, DSN 347-0084.



USACHPPM-South

STEP-BY-STEP WATER SYSTEM SANITARY SURVEY PROTOCOL

The Environmental Health Engineering Division (EHED) has developed a step-by-step protocol to aid U.S. Army Medical Command Environmental Science Officers (ESO) in conducting drinking water system sanitary surveys. Army Regulation (AR) 40-5, Preventive Medicine, Chapter 12-2.h. (6), requires the installation medical authority to conduct a sanitary survey every year. A sanitary survey is a comprehensive inspection of the drinking water system from the initial water source to the consumer's tap. Its purpose is to help identify and reduce potential problems with water quality, thus helping to reduce existing and potential health threats. The sanitary survey protocol is composed of a set of instructions and five check-

lists that have been modified from checklists recommend by the U.S. Environmental Protection Agency (EPA). The protocol is sufficiently generic enough to be of benefit to installation level drinking water system personnel as well.

Initial distribution of this protocol has been made to ESOs within USACHPPM-South's region. For additional information regarding Water System Sanitary Surveys or to obtain an electronic and/or hard copy of the survey protocol, please contact 2LT Cheryl Blanchard <blanchardc@forscom.army.mil> or MAJ James St. Angelo, III, Chief, EHED <stangeloj@forscom.army.mil> at DSN 367-4458/3235 or 404-464-4458/3235.

USACHPPM-North

SMITHSONIAN'S ANNUAL BUG FEST

Visitors to our Nation's capitol on 16 May marveled at the many wonders of the insect world during the Smithsonian Institution's outreach program on the Mall, Washington, DC. Amid the half-dozen tents offering everything

from the latest culinary delights featuring insects to cockroach races, entomologist Ben Pagac helped to explain fascinating facts about beetles (Coleoptera) and their role in the ecosystem. POC: Mr. Ben Pagac, DSN 923-6502, ext 215.

Presentations

PRESENTATIONS BY USACHPPM PERSONNEL

Bratt, G.M., and Doganiero, Donna, "Estimating Health Hazard Costs for Army Materiel", presented at Military Operations Research Symposium, U.S. Military Academy, 22-24 June.

Burroughs, Thomas, "Entomology Support for Hurricane Mitch", presented at Sigma Xi, Student Award Dinner Meeting, Vitali's Restaurant, Edgewood, MD, 2 June.

Hoddinott, Keith, and Lee, Arthur LTC, "Establishing Background Levels for Volatile Organic Compounds for Residential Indoor Risk Assessments", presented at National Sanitation Foundation Annual Meeting, Denver, CO, 3-6 May.

Kolavic, Shellie, Binn, L.N., Polyak, Christina, Mitchell, F.D., Cervosky, S.B., Echavarria, M., Innis, B.L., Besker, W.T., Sanchez, Jose, "Acute Respiratory Disease Due to Adenovirus in U.S. Army Recruits: A Prospective Study of a Serotype 4 and 7 Vaccine-free Cohort", presented at 5th Annual Recruit and Trainee Healthcare Symposium, Paris Island, SC, 28 April – 1 May.

Lee, Terrence, MPH; LCDR Ludwig, Sharon, MD, MPH; and Nang, Roberto LTC, MD, MPH, "Varicella in the U.S. Army and Possible Use of the Vaccine in Initial Entry Training", presented at 5th Annual Recruit and Trainee Healthcare Symposium, Paris Island, SC, 28 April – 1 May.

Lee, Terrence, MPH; LCDR Ludwig, Sharon, MD, MPH; and Nang, Roberto LTC, MD, MPH, "To Vaccinate or Not to Vaccinate: Decreasing Incidence of Varicella in the US Army, presented at the 33rd National Immunization Conference, Dallas, TX, 22-25 June.

Polyak, Christina; Kolavic, Shellie; Binn, L.N.; Cervosky, S.B.; Feighner, Brian; Mitchell, P.D.; Innis, B.L.; Oswald, S.; and Sanchez, Jose, "Acute Respiratory Disease (ARD) and Adenovirus (ADV) Infections Among Permanent Party (Cadre) Personnel at a US Army Basic Combat Training Installation", presented at 5th Annual Recruit and Trainee Healthcare Symposium, Paris Island, SC, 28 April – 1 May.

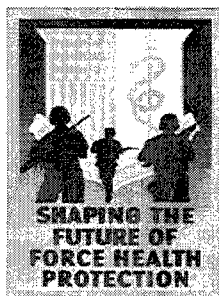
Rippey, Patricia O., "Army Solid Waste Trend Analysis – Environmental Compliance Assessment System", presented at National Defense Industrial Association Conference, Denver, CO, 1 April.

REVISED PUBLICATION

DA Pam 40-501, Hearing Conservation, 10 December 1998

RECENT PUBLICATION

LTC Roberto N. Nang, Program Manager, Disease and Injury Control Policy, published the following: "Strain Variation in Adenovirus Serotypes 4 and 7a Causing Acute Respiratory Disease," Crawford-Miksza LK; Nang RN; Schnurr DP; *Journal of Clinical Microbiology*, 1107-1112, April.



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Atlanta, Georgia



Dayle Hayes

Moving Away From Diets: Successful Strategies for Implementing a Non-Diet Approach to Weight Management.

This approach challenges you to question the current diet paradigm. This information is important if you seek to promote optimal nutrition, health, and well being to people of all sizes, shapes, and weights.



Brian Seaward

Exploring the Dynamics of Complementary Medicine. Virtually all forms of complementary medicine are based on the premise of the wellness paradigm, where the whole (mind, body, spirit and emotions) is greater than the sum of the parts. This presentation moves beyond the mechanistic approach of allopathic medicine to a holistic approach.



John Nicoletti

The Verbal De-escalation and Deflection Techniques in the Management of Aggressive Behavior in the Workplace. John Nicoletti is a work place violence consultant and a police psychologist, specializing in workplace violence, threat analysis, and deescalation of force. He will present the management of aggressive behavior that will focus on techniques for deflecting aggression in the work place.

Secrets of Power Negotiating.

This workshop will teach participants 20 negotiating gambits used by international negotiators and how to use them, the five things that make a more powerful negotiator, the eight things that people can do to cause you to "blink first," and how to develop personal power.



Kevin Lust

Leadership and Mentoring within Diverse Populations.

Ms. Egerton is the founder and president of Trinity Transition Consultants. She is an internationally respected psychotherapist who specializes in organization culture change, with a focus on mentoring and leadership development.



Deborah Egerton

Put Prevention Into Practice (PPIP)/Preventive Health Care Application (PHCA) - From Model Toward Reality.

This one-day intensive will examine lessons-learned from the PPIP model sites, application of the Military Health System PPIP Implementation Plan, and the interface of PPIP with the computerized PHCA.



LTC Stephen Briles
LTC Vincent Fonseca
LTC Joann Hollandsworth
LTC Keith Morgan



Laura Mitvalsky

American Lung Association "Freedom From Smoking" Tobacco Cessation Certification Training. The training is limited to 20 spaces and will provide skills needed to describe the philosophy and how the clinic program is designed to support individuals in making a challenging health behavior change and identify and demonstrate the factors that motivate and empower adults to attempt behavioral change.

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